

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT		FORM A For use by Members, officers, and employees		Page 1 of 2 LEGISLATIVE RESOURCE CENTER MAY 13 PM 2:45 U.S. HOUSE OF REPRESENTATIVES HAND DELIVERED
Jefferson Bingham Miller (Full Name)		(202) 225-4136 (Daytime Telephone)		(Office Use Only)
Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representative State: FL District: 01	<input type="checkbox"/> Officer Or Employee Employing Office:	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment		

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable position on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jefferson Bingham Miller

Page 2 of 6

BLOCK A
Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or

BLOCK B
Year-End Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."

BLOCK C
Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.

BLOCK D
Amount of Income

For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

BLOCK E
Transaction

Indicate if asset had purchases (P), sales (S), or exchange (E) exceeding \$1,000 in reporting year.

SP	FRS-Select U.S. Stock Market Index Fund	\$50,001 - \$100,000	NA	NONE	
JT	Hwy 89, Milton, FL, 205 acres (unimproved)	\$550,000		NONE	
JT	Malone Rd., Milton, FL, 1/2 Interest - Alice Kline	\$15,001 - \$50,000	INTEREST/Other: contract for deed	\$1,001 - \$2,500	
JT	Molino Bridge Rd., Milton, FL, 80 acres (unimproved)	\$230,000		NONE	
JT	8012 Parker Rd. Milton, FL - Susan Hodges	\$1,001 - \$15,000	MORTGAGE Interest	\$1,001 - \$2,500	
JT	7890 Parker Rd., Milton, FL - William Semon	\$15,001 - \$50,000	MORTGAGE Interest	\$1,001 - \$2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Jefferson Bingham Miller

Page 3 of 6

JT	7906 Parker Rd., Milton, FL - 2.96 acres - Keith Jones	\$15,001 - \$50,000	INTEREST/Other: contract for deed	\$1,001 - \$2,500	
JT	Parker Rd., Milton, FL, 2.96 acres; Lot 35 - Randall Calderon	\$1,001 - \$15,000	MORTGAGE Interest	\$201 - \$1,000	
JT	Molino Bridge Rd., Milton, FL, 25 acres (unimproved)	\$180,000		NONE	

SCHEDULE IV - TRANSACTIONS

Name Jefferson Bingham Miller

Page 4 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain In Excess of \$200?	Date	Amount of Transaction
JT	Molino Bridge Rd., Milton, FL, 25 acres (unimproved)	P	N/A	05-28-10	\$181,000

SCHEDULE V - LIABILITIES

Name Jefferson Bingham Miller

Page 5 of 6

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependant child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	Coastal Bank and Trust Pensacola, Florida	August 2009	Real Estate Mortgage 205 acres Hwy 89, Milton, FL	\$250,001 - \$500,000
JT	Coastal Bank and Trust Pensacola, Florida	May 2010	Mortgage 80 acres Molino Bridge Road	\$250,001 - \$500,000
JT	Coastal Bank and Trust Pensacola, Florida	May 2010	Mortgage 25 acres Molino Bridge Road	\$100,001 - \$250,000
JT	American Express	Dec 2010	Credit Card Debit	\$20,800

FOOTNOTES

Name Jefferson Bingham Miller

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Number	Section / Schedule	Footnote	This note refers to the following item
123	Schedule V	Bank of Pensacola name change to Coastal Bank and Trust	Coastal Bank and Trust Pensacola, Florida

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A
For use by Members, officers, and employees

HAND DELIVERED

Name: WILLIAM STEVE SOUTHERLAND II Daytime Telephone: 202-225-5235

LEGISLATIVE RESOURCE CENTER

2011 JUN -3 PM 4:44

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES (Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>FLORIDA</u>	<input type="checkbox"/> Officer or Employee	Employing Office:
		District: <u>TWO</u>		
Report Type	<input checked="" type="checkbox"/> Annual (May 16, 2011)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

For payments to charity in lieu of honoraria, use Schedule II.

BLOCK A			BLOCK B												BLOCK C							BLOCK D											BLOCK E
Asset and/or Income Source			Value of Asset												Type of Income							Amount of Income											Transaction
Identify (e) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.			Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.												Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.							For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.											Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
Provide complete names of stocks and mutual funds (do not use ticker symbols.)																																	
For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.			A	B	C	D	E	F	G	H	I	J	K	L																			If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.
For rental or other real property held for investment, provide a complete address.			None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000	P, S, E
For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.																																	
SP		Mega Corp. Stock				X									X			X		Royalties				X								S (partial)	
DC	Examples:	Simon & Schuster			Indefinite																								X				
JT		1st Bank of Paducah, KY Accounts					X									X										X							
		528 W. BALDWIN ROAD PANAMA CITY, FLORIDA								X					X									X									
		FUNERAL SERVICE INC STOCK PANAMA CITY, FLORIDA	X												X									X									
		MACHEISTE INC BUSINESS						X							X											X							
JT		MERRILL LYNCH CASH ACCT	X													X										X							

For additional assets and unearned income, use next page.

SCHEDULE V— LIABILITIES

Name WILLIAM STEVE SOUTHERLAND II

Page 4 of 4

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	
				\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X							
	BANK OF AMERICA	AUGUST 2007	MORTGAGE ON 528 W. BALDWIN RD. PANAMA CITY FL					X						
JT	GEMB LENDING	JUNE 2006	32 FT. CENTURY BOAT				X							

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. **Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
<i>Example:</i> Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
NONE	NONE	

Use additional sheets if more spsce is required.

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	Form A For use by Members, officers, and employees
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HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2011 MAY 16 PM 5:07
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only) *MC*

Name: **Hon. Corrine Brown** Daytime Telephone: **202-225-0123**

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>FL</u>	<input type="checkbox"/> Officer or Employee	Employing Office:
Report Type	<input checked="" type="checkbox"/> Annual (May 16, 2011)	District: <u>03</u>	<input type="checkbox"/> Amendment	Termination Date: <input type="checkbox"/> Termination

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II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

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EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Name C. Brown

Page 2 of 3

BLOCK A Asset and/or Income Source			BLOCK B Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction	
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in “unearned” income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.</p> <p>For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.</p>			<p>Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.</p> <p>If an asset was sold during the reporting year and is included only because it generated income, the value should be “None.”</p>												<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the “None” column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check “None” if the asset generated no income during the reporting period.</p>						<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the “None” column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check “None” if no income was earned or generated.</p>											<p>Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>	
			A	B	C	D	E	F	G	H	I	J	K	L																			
			None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	NONE	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
SP		SP Mega Corp. Stock				X									X			X															
DC, Examples:		Simon & Schuster			Indefinite															Royalties										X			
JT		1st Bank of Paducah, KY Accounts					X									X										X							
		Bank of America		X													X						X										
		Wright Patman Congressional		X													X																

For additional assets and unearned income, use next page.

SCHEDULE V— LIABILITIES

Name

C. Brown

Page 3 of 3

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	
	Wright Patman Congressional- Loan		Personal -- Loan	X										

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added toward the \$335 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 4
For use by Members, officers, and employees

HAND DELIVERED

Alexander M. Crenshaw
(Full Name)

202-225-2501
(Daytime Telephone)

201 MAY 13 AM 10:13

MC

(Office Use Only)

Filer Status

☒ Member of the U.S. House of Representatives
State: FL District: 04

☐ Officer Or Employee

Employing Office:

U.S. HOUSE OF REPRESENTATIVES

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

Report Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>Trusts--</p>	<p>Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Exemptions--</p>	<p>Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

SCHEDULE I - EARNED INCOME

Name Alexander M. Crenshaw

Page 2 of 4

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
State of FL	Legislative Pension	\$12,464

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Alexander M. Crenshaw

Page 3 of 4

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source Identify (s) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or	Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	Transaction indicate if asset had purchases (P), sales (S), or exchange (E) exceeding \$1,000 in reporting year.
Alamo Storage Partners-(self storage-Dallas, TX)	\$15,001 - \$50,000	RENT	\$2,501 - \$5,000	
Bank of America (formerly Merrill Lynch which was acquired by Bank of America)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
Bank of Florida	\$1,000,001 - \$5,000,000	INTEREST	\$15,001 - \$50,000	
Bankshares Fla. Inc.-stock	None	None	NONE	
Berkshire Hathaway HLDG., Inc. CL.A.	\$100,001 - \$250,000	NONE	NONE	
Berkshire Hathaway Inc. Class B	\$50,001 - \$100,000	NONE	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Alexander M. Crenshaw

Page 4 of 4

	Cisco Systems, Inc.	\$1,001 - \$15,000	DIVIDENDS	NONE	
	Direct Mail Systems, Inc.-Direct Mail, St. Pete, FL	\$100,001 - \$250,000	DIVIDENDS	\$50,001 - \$100,000	
	J.P. Morgan Chase & Co.	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	Money Market Fund-Merrill Lynch & Co., Inc.	\$50,001 - \$100,000	INTEREST	\$1 - \$200	
	Resolution Trust FDG	\$250,001 - \$500,000	INTEREST	NONE	
	Schulmberger Ltd.com	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	
	Southern Company	\$50,001 - \$100,000	DIVIDENDS	\$2,501 - \$5,000	
	Synovus Financial Corporation	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Trinity Asset Holdings (not self-directed)	\$100,001 - \$250,000	distribution	\$50,001 - \$100,000	
	Uniprovident Corp.	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	Wachovia Money Market(formerly labeled Wachovia)	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	
	Wells Fargo & Co.	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	
	Wright Patman Congressional Federal Credit Union	\$1,001 - \$15,000	INTEREST	\$1 - \$200	

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

Page 1 of 5

RICHARD B. NUGENT

(Full Name)

352-799-8354

(Daytime Telephone)

MAY 14 2011

LEGISLATIVE RESOURCE CENTER

2011 MAY 24 AM 11:02

U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

MC

Filer
Status

☒ Member of the U.S.
House of Representatives

State: FL

District: 5TH

☐ Officer Or
Employee

Employing Office:

Termination Date:

Report
Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

A \$200 penalty shall
be assessed against
anyone who files
more than 30 days
late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (a.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" incomes of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name RICHARD B. NUGENT

Page 2 of 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
HERNANDO COUNTY SHERIFF OFFICE	WAGES	\$100,214.36
DISTRICT SCHOOL BOARD HERNANDO COUNTY	SPOUSE WAGES	N/A
PASCO-HERNANDO COMMUNITY COLLEGE DISTRICT BOARD OF TRUSTEES	SPOUSE WAGES	N/A
THE HARTFORD HERNANDO COUNTY SHERIFF DEFERRED COMP PLAN	DEFERRED COMP	\$38,051.42

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name RICHARD B. NUGENT

Page 3 of 5

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or	Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	Transaction Indicate if asset had purchases (P), sales (S), or exchange (E) exceeding \$1,000 in reporting year.
FIRST FLORIDA CU JACKSONVILLE, FL ACCOUNT	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
MET LIFE - WHOLE LIFE INSURANCE POLICY	\$1,001 - \$15,000	N/A	N/A	
PRUDENTIAL INSURANCE CO OF AMERICA, WHOLE LIFE INSURANCE POLICY	\$1,001 - \$15,000	N/A	N/A	
JT RENTAL HOME, SEVIERVILLE, TN	\$500,001 - \$1,000,000	RENT	\$15,001 - \$50,000	
THE HARTFORD HERNANDO COUNTY SHERIFF DEFERRED COMPENSATION PLAN	\$100,001 - \$250,000	N/A	N/A	

SCHEDULE V - LIABILITIES

Name RICHARD B. NUGENT

Page 4 of 5

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	WELLS FARGO MORTGAGE	JUNE 2008	MORTGAGE ON SEVIERVILLE, TN RENTAL	\$100,001 - \$250,000
	FLORIDA TRADITIONS BANK	JUNE 2009	SIGNATURE LOAN	\$15,001 - \$50,000
	THE HARTFORD: DEFERRED COMPENSATION PLAN	APRIL 2009	LOAN AGAINST DEFERRED COMP.PERSONALLY LIABLE	\$15,001 - \$50,000

SCHEDULE IX - AGREEMENTS

Name RICHARD B. NUGENT

Page 5 of 5

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
VESTED	DIVISION OF RETIREMENT.STATE OF FLORIDA	STATE PENSION PROGRAM. TO BE PAID MONTHLY STARTING 1-1-12.

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 10
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2011 MAY 12 PM 12:34

U.S. (Office Use Only)

Clifford B. Stearns
(Full Name)

(202)-225-5744
(Daytime Telephone)

Filer Status

☒ Member of the U.S. House of Representatives
State: FL
District: 06

☐ Officer Or Employee
Employing Office: _____

Report Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date: _____

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>Trusts--</p>	<p>Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Exemptions--</p>	<p>Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

SCHEDULE I - EARNED INCOME

Name Clifford B. Steams

Page 2 of 10

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
College of Central Florida	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Clifford B. Stearns

Page 3 of 10

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or	Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
Alarion Bank Stock	\$1,001 - \$15,000	None	NONE	
American Express Company	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
Bank of America Checking Account	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP Bank of America Savings	\$1,001 - \$15,000	None	NONE	
CD Alarion Bank	None	None	NONE	S (Gift)
Congress Federal Credit Union Checking Account	\$1,001 - \$15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Clifford B. Steams

Page 4 of 10

	First Silver Springs, Inc (a 100% owned C-Corporation in Silver Springs, FL: Cash, other receivables, investments and debt)	\$50,001 - \$100,000	DIVIDENDS	\$1 - \$200	
SP	Florida Retirement System (Vested in 2006)	\$250,001 - \$500,000	N/A	NONE	
	Gateway Bank CD	\$50,001 - \$100,000	INTEREST	NONE	P
	Grantham University Common Stock	\$15,001 - \$50,000	None	NONE	
	Harris Corporation	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
SP	ING 403(b) Plan: Evergreen Special Values Fund - A	\$1,001 - \$15,000	DIVIDENDS & CAPITAL GAINS	\$201 - \$1,000	P
SP	ING 403(b) Plan: ING Pioneer Eq Inc Port - Instl	\$1,001 - \$15,000	DIVIDENDS & CAPITAL GAINS	\$1,001 - \$2,500	P
SP	ING 403(b) Plan: ING VP Money Market Portfolio - I	\$15,001 - \$50,000	None	NONE	P
SP	ING 403(b) Plan: Oppenheimer Developing Mkts Fund - A	\$1,001 - \$15,000	DIVIDENDS & CAPITAL GAINS	\$1,001 - \$2,500	P
SP	ING 403(b) Plan: Wanger Select	\$1,001 - \$15,000	DIVIDENDS & CAPITAL GAINS	\$201 - \$1,000	P
SP	ING 403(b) Plan: Fixed Plus Account II	\$1,001 - \$15,000	DIVIDENDS & CAPITAL GAINS	\$1 - \$200	P
SP	ING 403(b) Plan: ING Pioneer High Yield Port-Init	\$15,001 - \$50,000	DIVIDENDS & CAPITAL GAINS	\$2,501 - \$5,000	P
SP	ING 403(b) Plan: ING The Growth Fund of America - R4	\$1,001 - \$15,000	DIVIDENDS & CAPITAL GAINS	\$201 - \$1,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Clifford B. Stearns

Page 5 of 10

	KeyCorp	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
	Mobil - Exxon Corporation	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Regions Bank (Formerly AmSouth) - Joint Checking Account	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	Rental Building (Marina Towers) Alexandria, Va	\$250,001 - \$500,000	GROSS RENT	\$15,001 - \$50,000	
	Rental Building (Marina Towers) Alexandria, VA (continued)	None	Memo: Rent (net of expenses)	\$201 - \$1,000	
	Rental Building (Matanza Cut Subdivision) St. Augustine, FL	\$1,000,001 - \$5,000,000	GROSS RENT	\$5,001 - \$15,000	
	Rental Building (Matanza Cut Subdivision) St. Augustine, FL (continued)	None	Memo: Rent (net of expenses)	NONE	
	Rental Building (Old Town Gateway Townhouse) Alexandria, VA	\$500,001 - \$1,000,000	GROSS RENT	\$1,001 - \$2,500	
	Rental Building (Old Town Gateway Townhouse) Alexandria, VA (Continued)	None	Memo: Rent (net of expenses)	NONE	
	Rental Office; 2950 NE 55th Ave, Silver Springs, FL	\$100,001 - \$250,000	GROSS RENT	\$5,001 - \$15,000	
	Rental Office; 2950 NE 55th Ave, Silver Springs, FL (continued)	None	Memo: Rent (net of expenses)	\$5,001 - \$15,000	
	Rental Restaurant; 5545 E. Silver Springs Blvd, Silver Springs, FL	\$500,001 - \$1,000,000	GROSS RENT	\$15,001 - \$50,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Clifford B. Stearns

Page 6 of 10

	Rental Restaurant; 5545 E. Silver Springs Blvd, Silver Springs, FL (continued)	None	Memo: Rent (net of expenses)	\$2,501 - \$5,000	
	Stearns House, Inc (an S-Corp located in Silver Springs, FL) Interest in Cash and Debt, 100%	\$15,001 - \$50,000	None	NONE	
	Stearns House, Inc. (an S-Corp located in Silver Springs, FL) (continued)	None	Dividends	NONE	
SP	T Rowe Price SEP IRA Summit Cash Reserves	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	T Rowe Price Summit Cash Reserves	\$100,001 - \$250,000	DIVIDENDS	\$1 - \$200	
	T Rowe Price Summit Cash Reserves (Non Retirement Assets)	\$50,001 - \$100,000	DIVIDENDS	\$1 - \$200	
JT	T Rowe Price Summit Cash Reserves IRA	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
SP	T Rowe Price Summit Cash Reserves IRA	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	USSA Subscriber's Savings Account	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	

SCHEDULE IV - TRANSACTIONS

Name Clifford B. Steams

Page 7 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See examples below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	CD Alarion Bank (Given as a gift)	S	N/A	9-15-10	\$1,001 - \$15,000
	Gateway Bank CD	P	N/A	11-15-2010	\$50,001 - \$100,000
	ING 403(b) Plan: Evergreen Special Values Fund - A	P	N/A	Quarterly	\$1,001 - \$15,000
	ING 403(b) Plan: ING Pioneer Eq Inc Port - Instl	P	N/A	Quarterly	\$1,001 - \$15,000
	ING 403(b) Plan: ING VP Money Market Portfolio - I	P	N/A	Quarterly	\$1,001 - \$15,000
	ING 403(b) Plan: Oppenheimer Developing Mkts Fund - A	P	N/A	Quarterly	\$1,001 - \$15,000
	ING 403(b) Plan: Wanger Select	P	N/A	Quarterly	\$1,001 - \$15,000
	ING 403(b) Plan: Fixed Plus Account II	P	N/A	Quarterly	\$1,001 - \$15,000
	ING 403(b) Plan: ING Pioneer High Yield Port-Init	P	N/A	Quarterly	\$1,001 - \$15,000
	ING 403(b) Plan: ING The Growth Fund of America - R4	P	N/A	Quarterly	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

Name Clifford B. Stearns

Page 8 of 10

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	Chase Home Finance LLC Columbus, OH	August 1996	Mortgage on Marina Towers Rental Alexandria, VA	\$50,001 - \$100,000
	Bank of America, N.A. Simi Valley, CA	February 1998	Mortgage on Old Town Gateway Rental Apartment Alexandria, VA	\$100,001 - \$250,000
	Regions Mortgage Hattiesburg, MS	August 2002	Mortgage on Mantanza Cut Subdivision Rental Home, St. Augustine, FL	\$250,001 - \$500,000
	First Silver Springs, Inc Ocala, FL	November 2010	Promissory Note	\$50,001 - \$100,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Clifford B. Stearns

Page 9 of 10

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
World Association of Domain Name Developers d.b.a T.R.A.F.F.I.C	Oct 17 -18	Jacksonville-Miami-Orlando	Y	N	N	None

SCHEDULE VIII - POSITIONS

Name Clifford B. Stearns

Page 10 of 10

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	First Silver Springs, Inc. Ocala, FL
President	Stearns House, Inc. Ocala, FL

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

Page 1 of 5 LEGISLATIVE RESOURCE CENTER

2011 MAY 13 PM 5:35

John L. Mica
(Full Name)

202-225-4035
(Daytime Telephone)

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: FL District: 07	<input type="checkbox"/> Officer Or Employee	Employing Office:	A \$200 penalty shall be assessed against anyone who files more than 30 days late.
	Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John L. Mica

Page 2 of 5

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source	Year-End Value of Asset	Type of Income	Amount of Income	Transaction
Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
Provide complete names of stocks and mutual funds (do not use ticker symbols.)				
For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.				
For rental or other real property held for investment, provide a complete address.				
For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.				
Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or				
1305 S Atlantic Ave, Unit 130, Cocoa Beach, FL	\$250,001 - \$500,000	None, personal residence	NONE	
15 3rd Street NE Wash. DC, Units 2, 4, 5 & two garage units	\$500,001 - \$1,000,000	RENT	\$15,001 - \$50,000	
2195 Via Tuscany, Winter Park FL	\$1,000,001 - \$5,000,000	None, personal residence	NONE	
305 E Capitol St SE, Wash. DC, 50% interest rental unit	\$250,001 - \$500,000	RENT	\$5,001 - \$15,000	
Commerce National Bank & Trust, Winter Park, FL	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
First Commercial Bank, Winter Park, FL	\$500,001 - \$1,000,000	INTEREST	\$5,001 - \$15,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John L. Mica

Page 3 of 5

	Lot 21 & 22, Chetola Estates, Blowing Rock, NC	\$500,001 - \$1,000,000	None, personal residence	NONE	
JT	Metropolitan Life Annuity	\$100,001 - \$250,000	None	NONE	
	Park Lake Woods Condo Rental, units 8B, 9B, Maitland, FL	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
	Wachovia Bank, Winter Park, FL, Time Deposit (IRA)	\$50,001 - \$100,000	INTEREST reinvested	\$2,501 - \$5,000	
	Wright Patman Congressional Fed Credit Union	\$1 - \$1,000	INTEREST	\$1 - \$200	

SCHEDULE V - LIABILITIES

Name John L. Mica

Page 4 of 5

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	Washington Mutual Savings		Mortgage on Units 8B & 9B, Park woods Condominium, Maitland, FL	\$15,001 - \$50,000

FOOTNOTES

Name John L. Mica

Page 5 of 5

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule IV	Paid Off 5/30/2010 \$30,292.88	Washington Mutual Savings

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 8
 For use by Members, officers, and employees

HAND DELIVERED

Daniel Webster
 (Full Name)

202-225-2176
 (Daytime Telephone)

LEGISLATIVE RESOURCE CENTER
 201 MAY 13 PM 2:10
 (Office Use Only)

MC

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>FL</u> District: <u>8</u>	<input type="checkbox"/> Officer Or Employee	Employing Office: _____	U.S. HOUSE OF REPRESENTATIVES A \$200 penalty shall be assessed against anyone who files more than 30 days late.
	Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI. Yes <input type="checkbox"/> No <input type="checkbox"/> <i>N/A</i>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII. Yes <input type="checkbox"/> No <input type="checkbox"/> <i>N/A</i>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts—	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions—	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Daniel Webster

Page 2 of 8

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse's earned income exceeding \$1,000.

Source	Type	Amount
Webster Air Conditioning and Heating	Salary (before taking office)	\$53,890

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Daniel Webster

Page 3 of 8

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or	Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose a specific investment or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
3400 Old Winter Garden Road, Orlando	\$100,001 - \$250,000	RENT	\$15,001 - \$50,000	
Bank of America Accounts	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
BB&T Bank Accounts	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
Central Florida Credit Union Accounts	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
Mobile Home, 7209 Almena Street, Orlando	None	None	NONE	S
Southern Farm Bureau Fixed Annuity (IRA)	\$1,001 - \$15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Daniel Webster

Page 4 of 8

	Sun America Fixed Annuity Accounts (IRA, SEP)	\$1,001 - \$15,000	None	NONE	
	Vanguard Wellington Fund (VWELX)	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	Wachovia Bank Accounts	\$1,001 - \$15,000	None	NONE	
	Webster Air Conditioning and Heating Inc. Stock	\$100,001 - \$250,000	None	NONE	

SCHEDULE IV - TRANSACTIONS

Name Daniel Webster

Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Mobile Home, 7209 Almena Street, Orlando	S	No	11-10-10	\$1,001 - \$15,000

SCHEDULE VIII - POSITIONS

Name Daniel Webster

Page 6 of 8

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee (uncompensated)	University of Central Florida (resigned as of Dec. 31, 2010)
President (uncompensated)	Webster Air Conditioning and Heating, Inc.

SCHEDULE IX - AGREEMENTS

Name Daniel Webster

Page 7 of 8

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
Indefinite	Me/Florida Retirement System	I am a participant in the Florida Retirement System defined benefit plan (not yet receiving benefits)

FOOTNOTES

Name Daniel Webster

Page 8 of 8

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	I also disclosed a loan I made to Webster A/C valued at between \$50,000 to \$100,000 on my candidate filing. This is a non-interest bearing loan, and I am not disclosing this year in accordance with Instruction Booklet p. 17.	Webster Air Conditioning and Heating Inc. Stock

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A
For use by Members, officers, and employees

Page 1 of 1

LEGISLATIVE RESOURCE CENTER

2011 MAY 13 AM 10:01

U.S. HOUSE OF REPRESENTATIVES

Name: Gus M. Bilirakis

Daytime Telephone: 202-225-5755

HAND DELIVERED
(Official use only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>FL</u>	<input type="checkbox"/> Officer or Employee	Employing Office:
Report Type	<input checked="" type="checkbox"/> Annual (May 16, 2011)	District: <u>09</u>	<input type="checkbox"/> Amendment	Termination Date:
			<input type="checkbox"/> Termination	

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Name **Gus M. Bilirakis**

Page **2** of **7**

BLOCK A Asset and/or Income Source			BLOCK B Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction	
Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in “unearned” income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.			Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be “None.”												Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the “None” column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check “None” if the asset generated no income during the reporting period.						For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the “None” column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check “None” if no income was earned or generated.											Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.	
			A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.	
			None	\$1 – \$1,000	\$1,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$250,000	\$250,001 – \$500,000	\$500,001 – \$1,000,000	\$1,000,001 – \$5,000,000	\$5,000,001 – \$25,000,000	\$25,000,001 – \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1 – \$200	\$201 – \$1,000	\$1,001 – \$2,500	\$2,501 – \$5,000	\$5,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$250,000	\$250,001 – \$500,000		Over \$500,000
SP		SP	Mega Corp. Stock				X									X		X															S (partial)
DC	Examples:		Simon & Schuster				Indefinite													Royalties													
JT			1st Bank of Paducah, KY Accounts					X									X							X									
JT			Bank of America (checking account)			X												X					X										
DC-1			Corning (stock)			X											X						X										
DC-3			Corning (stock)			X											X						X										
			Empty Lots (5) Orange Blossom Hills, Ocala, FL (50% interest)				X										X						X										
DC-1			Florida Prepaid College Tuition NOT self directed			X											X						X										
DC-2			Florida Prepaid College Tuition NOT self directed			X											X						X										

For additional assets and unearned income, use next page.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

Gus M. Bilirakis

Page

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SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction P, S, E				
		A	B	C	D	E	F	G	H	I	J	K	L																							
		None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g. Partnership Income or Farm Income)	None	I	II	III	IV	V	VI	VII	VIII	IX	X		XI	Over \$5,000,000		
DC-3	Florida Prepaid College Tuition NOT self-directed			X										X							X															
DC-4	Florida Prepaid College Tuition NOT self-directed			X										X							X															
DC-1	Ford (stock)			X										X							X															
DC-2	Ford (stock)			X										X							X															
DC-3	Ford (stock)			X										X							X															
DC-4	Ford (stock)			X										X							X															
DC-3	Kinross Gold Corp (stock)			X										X								X														
	Law Office Building - 4538 Borwick Dr, Holiday, FL						X								X												X									
DC-4	Oracle (stock)			X										X								X														
JT	Prudential Financial (stock)			X										X								X														
JT	Suntrust Bank Inc. (stock)				X									X								X														
	TIAA-CREF Money Mkt Acct			X										X								X														
JT	Total System Services (stock)			X										X								X														
	Walt Disney Co. (stock-IRA)			X										X								X														
JT	Wells Fargo Co. (stock)			X										X								X														
	Invacare Corp. (stock-IRA) (see Footnote 1)			X										X								X														
	Northwestern Mutual (Whole Life Insurance) (see Footnote 3)				X									X							X															
	State Farm Variable Universal Life Insurance (Small cap equity) (see Footnote 4)			X										X								X														
	State Farm Variable Universal Life Insurance (Large cap equity) (see Footnote 4)			X										X								X														
	State Farm Variable Universal Life Insurance (Large cap equity) (see Footnote 4)			X										X								X														
	State Farm Variable Universal Life Insurance (Stock and Bond Balanced (see Footnote 4))			X										X								X														

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Continuation Sheet (if needed)

Gus M. Bilirakis

Page 4 of 11

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SCHEDULE V— LIABILITIES

Name **Gus M. Bilirakis**

Page **5** of **7**

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor		Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability									
					A \$10,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000
	Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X						
	Bank of America Louisville, KY		July 2000	Mortgage on 4538 Bartlett Road Holiday, FL (Law Bldg)			X							

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. **Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
<i>Example:</i> Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345

Use additional sheets if more space is required.

SCHEDULE VIII—POSITIONS

Name

Gus M. Bilirakis

Page

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
Advisory	New Port Richey Marine Institute (non-profit, uncompensated position)
Advisory	Light house of Pinellas (non-profit, uncompensated position)
Advisory (Honorary Chairman)	Greek Childrens Fund (All Childrens Hospital)
Advisory (Honorary Chairman)	Veterans Legacy (Bilirakis Archives - St Petersburg College)

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
At Retirement Age	Gus M. Bilirakis and State of Florida Legislators Benefit Pension Plan (defined pension plan- NOT self directed)	Upon retirement age, benefit to be paid based on age and years of service. Benefit amount and total value of pension can not be defined at present time.

Footnotes

<u>Number</u>	<u>Schedule</u>	<u>Footnote</u>	<u>Note refers to</u>
1	Schedule III	Addition of entry due to increased value above disclosure threshold since filing 2009 financial disclosure statement.	Invacare Corp (Stock - IRA)
2	Schedule III	Deletion of entry due to sale in 2009 (JT).	Synovus (Stock)
3	Schedule III	Addition of entry due to inadvertent omission on 2009 financial disclosure statement.	Northwestern Mutual (whole life insurance)
4	Schedule III	Addition of entry due to inadvertent omission on 2009 financial disclosure statement.	State Farm (variable universal life insurance)
5	Schedule III	Addition of entry due to inadvertent omission on 2009 financial disclosure statement.	Prudential (whole life insurance) (variable life insurance)

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 2
 For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

2011 MAY 13 PM 12:14

C. W. Bill Young

202-225-5961

(Full Name)

(Daytime Telephone)

HAND DELIVERED
 (Office Use Only)

Filer Status

☒ Member of the U.S. House of Representatives
 State: FL District: 10

☐ Officer Or Employee
 Employing Office:

Report Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>Trusts--</p>	<p>Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of each trust benefiting you, your spouse, or dependent child?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Exemptions--</p>	<p>Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name C. W. Bill Young

Page 2 of 2

BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a commercial checking or</p>		<p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
JT	Second mortgage for son Patrick Young	\$15,001 - \$50,000	None	NONE	
SP	Wright Patman Federal Credit Union	\$1,001 - \$15,000	None	NONE	
JT	Wright Patman Federal Credit Union	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

Page 1 of 10 LEGISLATIVE RESOURCE CENTER

2011 MAY 16 PM 1:45

Katherine Anne Castor

2022253376

(Full Name)

(Daytime Telephone)

CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

MC

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>FL</u> District: <u>11</u>	<input type="checkbox"/> Officer Or Employee	Employing Office: _____	A \$200 penalty shall be assessed against anyone who files more than 30 days late.
	Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VII.
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Katherine Anne Castor

Page 2 of 10

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Butler, Pappas, Weihmuller, Katz and Craig	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Katherine Anne Castor

Page 3 of 10

BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>		<p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
	Alliance Bernstein Int Val fd A	\$1,001 - \$15,000	None	NONE	PS(part)
JT	American Century Cap Growth	\$100,001 - \$250,000	None	NONE	P
JT	American International Group	\$1 - \$1,000	None	NONE	
JT	Bank of America Checking	\$100,001 - \$250,000	INTEREST	\$1 - \$200	
JT	Bank of America Savings	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
JT	Bank of America Stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Katherine Anne Castor

Page 4 of 10

JT	Bank of Florida Checking	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
DC	Bank of Florida Savings	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
JT	Bank of Florida Savings	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	Butler, Pappas, Weihmuller, Katz & Craig	\$15,001 - \$50,000	None	NONE	
JT	Dow Chemical Stock	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	
JT	E*Trade Financial Stock	\$1,001 - \$15,000	None	NONE	
JT	E*Trade Savings	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
JT	FairPoint Communications	\$1 - \$1,000	None	NONE	
SP	Fidelity International I Sep	\$1,001 - \$15,000	None	NONE	PS(part)
JT	Franklin Mutual Discovery Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	PS(part)
JT	Franklin Rising Divid	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	PS(part)
JT	Franklin Small Cap	\$1,001 - \$15,000	None	NONE	PS(part)
JT	General Electric	\$1,001 - \$15,000	None	NONE	P
JT	ING Savings	\$15,001 - \$50,000	INTEREST	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Katherine Anne Castor

Page 5 of 10

JT	Intel	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	Prin Global Lg Cap St Indx	\$1,001 - \$15,000	None	NONE	PS(part)
SP	Principal Mid Cap Value	\$100,001 - \$250,000	None	NONE	P
SP	T Rowe Price Large Cap Growth	\$1,001 - \$15,000	None	NONE	PS(part)
	T Rowe Price Small Cap Stock	\$15,001 - \$50,000	None	NONE	PS(part)
	T. Rowe Price Equity Index	\$100,001 - \$250,000	None	NONE	PS(part)
JT	Templeton Growth	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	PS(part)
JT	Texas Instruments Stock	\$1,001 - \$15,000	None	\$1 - \$200	
DC	Vanguard 500 Index 529	\$1 - \$1,000	None	NONE	P
DC	Vanguard Age Based Growth	\$1,001 - \$15,000	None	NONE	P
JT	Vanguard Index 500	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	PS(part)
DC	Vanguard Small Cap Index	\$15,001 - \$50,000	None	NONE	P
DC	Vanguard Total Inter Stock	\$15,001 - \$50,000	None	NONE	P
DC	Vanguard Windsor Fund	\$15,001 - \$50,000	None	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Katherine Anne Castor

Page 6 of 10

JT	Verizon Stock	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	P
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SCHEDULE IV - TRANSACTIONS

Name Katherine Anne Castor

Page 7 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Alliance Bernstein Int Val fd A	S(part)	No	6/30/10	\$50,001 - \$100,000
	Alliance Bernstein Int Val fd A	P	N/A	12/31/10	\$1,001 - \$15,000
JT	American Century Cap Growth	P	N/A	6/30/10; 12/31/10	\$100,001 - \$250,000
JT	Bank of America Stock	P	N/A	3/25; 6/25; 7/16; 9/8; 9/24; 12/27	\$1,001 - \$15,000
SP	Fidelity International I Sep	S(part)	No	6/30/10	\$50,001 - \$100,000
SP	Fidelity International I Sep	P	N/A	12/31/10	\$1,001 - \$15,000
JT	Franklin Mutual Discovery Fund	S(part)	No	5/21/10	\$1,001 - \$15,000
JT	Franklin Mutual Discovery Fund	P	N/A	17 Purchases throughout year	\$1,001 - \$15,000
JT	Franklin Rising Divid	S(part)	No	5/21/10	\$1,001 - \$15,000
JT	Franklin Rising Divid	P	N/A	23 purchases throughout year	\$1,001 - \$15,000
JT	Franklin Small Cap	S(part)	No	5/21/10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name Katherine Anne Castor

Page 8 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
JT	Franklin Small Cap	P	N/A	11 Purchases throughout year	\$1,001 - \$15,000
JT	General Electric	P	N/A	12/14/2010	\$1,001 - \$15,000
SP	Prin Global Lg Cap St Indx	S(part)	No	6/30/10	\$50,001 - \$100,000
SP	Prin Global Lg Cap St Indx	P	N/A	12/31/10	\$1,001 - \$15,000
SP	Principal Mid Cap Value	P	N/A	6/30/2010; 12/31/2010	\$100,001 - \$250,000
	T Rowe Price Equity Index	S(part)	No	5/19/10	\$15,001 - \$50,000
	T Rowe Price Equity Index	P	N/A	12 Purchases throughout year	\$100,001 - \$250,000
SP	T Rowe Price Large Cap Growth	P	N/A	12/31/2010	\$1,001 - \$15,000
SP	T Rowe Price Large Cap Growth	S(part)	No	6/30/2010	\$50,001 - \$100,000
	T Rowe Price Small Cap Stock	P	N/A	10 Purchases Throughout year	\$15,001 - \$50,000
	T Rowe Price Small Cap Stock	S(part)	No	5/19/10	\$15,001 - \$50,000

SCHEDULE IV - TRANSACTIONS

Name Katherine Anne Castor

Page 9 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
DC	Templeton Growth	P	N/A	20 Purchases throughout year	\$1,001 - \$15,000
JT	Templeton Growth	S(part)	No	5/21/10	\$1,001 - \$15,000
JT	Vanguad Index 500	P	N/A	27 Purchases Throughout year	\$1,001 - \$15,000
JT	Vanguad Index 500	S(part)	No	5/21/10	\$1,001 - \$15,000
DC	Vanguard 500 Index 529	P	N/A	Various throughout year	\$1,001 - \$15,000
DC	Vanguard Age Based Growth	P	N/A	Various Throughout year	\$1,001 - \$15,000
DC	Vanguard Small Cap Index	P	N/A	1/5/2010	\$1,001 - \$15,000
DC	Vanguard Total Inter Stock	P	N/A	Various Purchases Throughout year	\$1,001 - \$15,000
DC	Vanguard Windsor Fund	P	N/A	1/5/2010	\$1,001 - \$15,000
JT	Verizon Stock	P	N/A	2/1; 5/3; 8/2; 11/1	\$1,001 - \$15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Katherine Anne Castor

Page 10 of 10

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Bulter, Pappas, Weihmuller, Katz and Craig (in connection with spouse's employment)	April 29- May 1	DC-San Francisco-DC	Y	Y	Y	None

2011 MAY 13 AM 11:30

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENTFORM A
For use by Members, officers, and employees

Page 1 of 7

Dennis Ross
(Full Name)8636448215
(Daytime Telephone)**HAND DELIVERED**(Office Use Only) *MC*Filer
Status☒ Member of the U.S.
House of RepresentativesState: FL
District: 12☐ Officer Or
Employee

Employing Office:

Report
Type☒ Annual (May 15)☐ Amendment☐ Termination

Termination Date:

**A \$200 penalty shall
be assessed against
anyone who files
more than 30 days
late.****PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS**Trusts--**

Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

Yes ☐ No ☒**Exemptions--**

Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes ☐ No ☒

SCHEDULE I - EARNED INCOME

Name Dennis Ross

Page 2 of 7

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
ROSS VECCHIO PA	ATTORNEY	\$61,532

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Dennis Ross

Page 3 of 7

BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting threshold. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or	BLOCK B Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	BLOCK D Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
3308 CLEVELAND HEIGHTS BLVD 33803	\$1,000,001 - \$5,000,000	RENT	\$26,205	
ALL CAP GROWTH FUND	\$1,001 - \$15,000	CAPITAL GAINS	NONE	
JOHN HANCOCK STRATEGIC	\$100,001 - \$250,000	None/CAPITAL GAINS	NONE	
OPPENHEIMER DEVELOPING MARKET	\$1,001 - \$15,000	CAPITAL GAINS	NONE	
ROSS VECCHIO PA	\$1,000,001 - \$5,000,000	S CORP INCOME	\$191,883	S(part)
SMALL CAP GROWTH FUND	\$1,001 - \$15,000	CAPITAL GAINS	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Dennis Ross

Page 4 of 7

DC	WOODMAN OF THE WORLD	\$1,001 - \$15,000	INTEREST	\$250
DC	WOODMAN OF THE WORLD	\$1,001 - \$15,000	INTEREST	\$250

SCHEDULE IV - TRANSACTIONS

Name Dennis Ross

Page 5 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	ROSS VECCHIO , PA	S(part)	Yes	01/01/2010	\$100,001 - \$250,000

SCHEDULE V - LIABILITIES

Name Dennis Ross

Page 6 of 7

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	BANK OF AMERICA, CHARLOTTE NC	Various	Credit Card	\$10,001 - \$15,000
	BANK OF AMERICA CHARLOTTE, NC	Various	Credit Card	\$15,001 - \$50,000
	BANK OF CENTRAL FLORIDA	Various	Line of Credit- Unsecured	\$15,001 - \$50,000

SCHEDULE VIII - POSITIONS

Name Dennis Ross

Page 7 of 7

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
partner	ROSS VECCHIO P.A.

2011 MAY 13 AM 10:35

U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENTFORM A Page 0 of 0
For use by Members, officers, and employees

Vernon G Buchanan

941-356-5000

(Full Name)

(Daytime Telephone)

HAND DELIVERED
(Office Use Only)

MC

A \$200 penalty shall
be assessed against
anyone who files
more than 30 days
late.

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>FL</u> District: <u>13</u>	<input type="checkbox"/> Officer Or Employee	Employing Office:
	Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name: Vernon G. Buchanan

Page 1 of 1

List the source, type, and amount of earned income from any source (other than your current employment by the U.S. Government) totaling \$200 or more during preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

[illegible]

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Vernon G. Buchanan Page 1 of 1

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source		Activity	Date	Amount
Example:	Assoc. of American Associations, Washington, DC	Speech	2/2/2006	\$2,000
	XYZ Magazine	Article	8/13/2006	\$500
NONE				

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Block A															Block B															Block C															Block D															Block E																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period; and (b) any other asset or source of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement accounts (such as 401(k) plans) that are self-directed (i.e., one where you have the power to select the specific investments, even if not exercised), provide the value for each asset held in the account that exceeds the reporting threshold. For an retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental property or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of the business, and its geographic location in Block A.															Type of Asset															Type of Income															Amount of Income																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.															If an asset was sold and is included only because it generated income, the value should be "None".															Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401k plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.															For retirement plans that do not allow you to choose specific investments or that generate tax-deferred income (such as 401k plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be listed as income. Check "None" if no income was earned or reported.															Indicate if the asset had purchases (P), sales (S), exchanges (E), or exceeded \$1,000 in reporting year.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP	BQ	BR	BS	BT	BU	BV	BV	BX	BY	BZ	CA	CB	CC	CD	CE	CF	CG	CH	CI	CJ	CK	CL	CM	CN	CO	CP	CQ	CR	CS	CT	CU	CV	CW	CX	CY	CA	CB	CC	CD	CE	CF	CG	CH	CI	CJ	CK	CL	CM	CN	CO	CP	CQ	CR	CS	CT	CU	CV	CW	CX	CY	DA	DB	DC	DD	DE	DF	DG	DH	DI	DJ	DK	DL	DM	DN	DO	DP	DQ	DR	DS	DT	DU	DV	DW	DX	DY	EA	EB	EC	ED	EE	EF	EG	EH	EI	EJ	EK	EL	EM	EN	EO	EP	EQ	ER	ES	ET	EU	EV	EW	EX	EY	FA	FB	FC	FD	FE	FF	FG	FH	FI	FJ	FK	FL	FM	FN	FO	FP	FQ	FR	FS	FT	FU	FV	FW	FX	FY	GA	GB	GC	GD	GE	GF	GG	GH	GI	GJ	GK	GL	GM	GN	GO	GP	GQ	GR	GS	GT	GU	GV	GW	GX	GY	HA	HB	HC	HD	HE	HF	HG	HH	HI	HJ	HK	HL	HM	HN	HO	HP	HQ	HR	HS	HT	HU	HV	HW	HX	HY	IA	IB	IC	ID	IE	IF	IG	IH	II	IJ	IK	IL	IM	IN	IO	IP	IQ	IR	IS	IT	IU	IV	IW	IX	IY	JA	JB	JC	JD	JE	JF	JG	JH	JI	IJ	JK	KL	KM	KN	KO	KP	KQ	KR	KS	KT	KU	KV	KW	KX	KY	LA	LB	LC	LD	LE	LF	LG	LH	LI	LJ	LK	LM	LN	LO	LP	LQ	LR	LS	LT	LU	LV	LW	LX	LY	MA	MB	MC	MD	ME	MF	MG	MH	MI	MJ	MK	ML	MM	MN	MO	MP	MQ	MR	MS	MT	MU	MV	MW	MX	MY	NA	NB	NC	ND	NE	NF	NG	NH	NI	NJ	NK	NL	NM	NN	NO	NP	NQ	NR	NS	NT	NU	NV	NW	NX	NY	OA	OB	OC	OD	OE	OF	OG	OH	OI	OJ	OK	OL	OM	ON	OO	OP	OQ	OR	OS	OT	OU	OV	OW	OX	OY	PA	PB	PC	PD	PE	PF	PG	PH	PI	PJ	PK	PL	PM	PN	PO	PP	PQ	PR	PS	PT	PU	PV	PW	PX	PY	QA	QB	QC	QD	QE	QF	QG	QH	QI	QJ	QK	QL	QM	QN	QO	QP	QQ	QR	QS	QT	QU	QV	QW	QX	QY	RA	RB	RC	RD	RE	RF	RG	RH	RI	RJ	RK	RL	RM	RN	RO	RP	RQ	RR	RS	RT	RU	RV	RW	RX	RY	SA	SB	SC	SD	SE	SF	SG	SH	SI	SJ	SK	SL	SM	SN	SO	SP	SQ	SR	SS	ST	SU	SV	SW	SX	SY	TA	TB	TC	TD	TE	TF	TG	TH	TI	TJ	TK	TL	TM	TN	TO	TP	TQ	TR	TS	TT	TU	<td>TW</td> <td>TX</td> <td>TY</td> <td>UA</td> <td>UB</td> <td>UC</td> <td>UD</td> <td>UE</td> <td>UF</td> <td>UG</td> <td>UH</td> <td>UI</td> <td>UJ</td> <td>UK</td> <td>UL</td> <td>UM</td> <td>UN</td> <td>UO</td> <td>UP</td> <td>UQ</td> <td>UR</td> <td>US</td> <td>UT</td> <td>UU</td> <td>UV</td> <td>UW</td> <td>UX</td> <td>UY</td> <td>VA</td> <td>VB</td> <td>VC</td> <td>VD</td> <td>VE</td> <td>VF</td> <td>VG</td> <td>VH</td> <td>VI</td> <	TW	TX	TY	UA	UB	UC	UD	UE	UF	UG	UH	UI	UJ	UK	UL	UM	UN	UO	UP	UQ	UR	US	UT	UU	UV	UW	UX	UY	VA	VB	VC	VD	VE	VF	VG	VH	VI

Page 2 of 23[illegible]

Page 3 of 23[illegible]

Schedule III - ASSETS AND "UNEARNED" INCOME

Name **Vernon G. Buchanan**

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Block A Asset and/or Income Source	Block B Value of Assets												Block C Type of Income	Block D Amount of Income	Block E Transaction															
Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement accounts (such as 401(k) plans) that are self-directed (i.e., one where you have the power to select the specific investments, even if not exercised), provide the value for each asset held in the account that exceeds the reporting threshold. For an retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental property or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of the business, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from a federal retirement program, including the Thrift Savings Plan.	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None".												Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	For retirement plans that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be listed as income. Check "None" if no income was earned or generated.	Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E															
	A	B	C	D	E	F	G	H	I	J	K	L	None	Dividends	Interest	Capital Gains	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	None	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
Matthews Asia Pacific	X																													S
Mutual Lynch Bank Deposit																														Totals for ML 737-17700
FPI Institutional Fund	X																		X											S
Marriott Corp	X																													S
Mutual All Amer	X																													S
Mutual Fleet Ratio Inc	X																													S
Mutual High Yield Bond	X																													S
Mutual Prime Int Bond	X																													S
Mutual Short-Term Bond	X																													S
Pacific Gas & Electric	X																													P, S
Pharm Inc	X																													P, S
PPI, Corporation	X																													P, S
Prudential Short-Term	X																													S
Seater SPDR Portfolio	X																													P, S
SPDR Gold Trust	X																													P, S
TCW Total Return	X																													S
United STS Gasoline FDI L	X																		X											S
Vipac Communications	X																													P, S
Vista Multi Sector	X																													S
Western Asset Manager	X																													P, S
Westwood Grouping Market	X																													P, S
Mutual Lynch - Georgia, FL 737-17700																														
Mutual Lynch Bank Deposit	X																													Totals for 737-17700

Schedule III - ASSETS AND "UNEARNED" INCOME

Name Vernon G. Buchanan

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Block A	Block B	Block C	Block D	Block E
Asset and/or Income Source	Value of Assets	Type of Income	Amount of Income	Transaction
Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement accounts (such as 401(k) plans) that are self-directed (i.e., one where you have the power to select the specific investments, even if not exercised), provide the value for each asset held in the account that exceeds the reporting threshold. For an retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental property or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of the business, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from a federal retirement program, including the Thrift Savings Plan.	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None".	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	For retirement plans that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be listed as income. Check "None" if no income was earned or received.	Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.
	A B C D E F G H I J K L	None Dividends Interest Capital Gains Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	None I II III IV V VI VII VIII IX X XI	
Home Depot, Inc.				E, Traded to 737-17700
MLAC 11% HD Stocks				E
1399, LC Varian FL - Auto Dealer (sold at loss)				S
REB Acquisition & Leasing LLC				
Jamal Realty, Inc. - Sarasota, FL - Real Estate Sales				
Shopping Investments Co. - Apartments Building - W. Bayview, MI				
Georgelaine Properties, LLC - Office Building - Bingham Farms, MI - (sold on 2000 disclosure, sold 2000)				S
Loan to Georgelaine Properties, LLC (loan to buyers)				P
Crestwood Hotel, LLC - Hotel, Bradenton, FL				
International Marines - Club Ltd. - Club Cay, Bahamas 82%				
REB, Real Estate Development, Tampa, FL				
Shirley Cafe, LLC, Real Estate, Ellenton, FL				
Ellenton Ridge, LLC, Real Estate, Ellenton, FL				
Cortex Ventures, LLC				
2 Rental homes, Bradenton, FL				S, (partial)
Loan to Habitat of Humanity for sale of Cortex property				P
Loan to Sarasota 500, LLC - Sarasota, FL				
Buchanan Investment Co., LLC - Real Estate & Stocks				
REB Financial Services				
Auto Capital Services, Inc. - Sarasota, FL - Management Co.				
501 Oxford, LLP				
Trump Park, LLC				

Schedule III - ASSETS AND "UNEARNED" INCOME

Name **Vernon G. Buchanan**

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Block A	Block B	Block C	Block D	Block E
Asset and/or Income Source	Value of Assets	Type of Income	Amount of Income	Transaction
Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement accounts (such as 401(k) plans) that are self-directed (i.e., one where you have the power to select the specific investments, even if not exercised), provide the value for each asset held in the account that exceeds the reporting threshold. For an retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental property or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of the business, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from a federal retirement program, including the Thrift Savings Plan.	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None".	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	For retirement plans that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be listed as income. Check "None" if no income was earned or reported.	Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.
	A B C D E F G H I J K L	None Dividend Interest Capital Gain Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	None I II III IV V VI VII VIII IX X XI XII	
Washington St City Park Coys				
Marshall & Sons Bank				
Marshall Tax Free MMF	X			
Jayco & Lowert 2000-6063 (Heavy Engine Fin Gap)				
Old Car Int Bank				
Morgan Stanley FUND 10004011 & 10004017				
Morgan Stanley Bank				
Morgan Stanley Trust Bank				
Morgan Stanley 10000107				
MS Infrastructure Partners LP				
Morgan Stanley 10004016 Toney International Fund	X			
State Lynch SPA 737-00046				
Washington market assets				
Abandon Asia-Pac Inc	X			
Aerogrowth Inc	X			
Alpo Inc				
Alpo Inc				
Alpo Total Dynamic				
Alpo Group Inc				
American Advertising Mfgs				
American Toner Corp	X			
Amer Technology S&P 2000	X			
Aradeco Pals Corp				
AngloGold Ashanti Ltd	X			

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Schedule III - ASSETS AND "UNEARNED" INCOME

Name **Vernon G. Buchanan**

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Block A Asset and for Income Source	Block B Value of Assets												Block C Type of Income	Block D Amount of Income												Block E Transaction		
Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement accounts (such as 401(k) plans) that are self-directed (i.e., one where you have the power to select the specific investments, even if not exercised), provide the value for each asset held in the account that exceeds the reporting threshold. For an retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental property or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of the business, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from a federal retirement program, including the Thrift Savings Plan.	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None".												Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	For retirement plans that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be listed as income. Check "None" if no income was earned or reinvested.												Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. If only a portion of an asset is sold, indicate as follows: (S) (partial) See below for example.		
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z		
	\$1 - \$1,000	\$1,001 - \$5,000	\$5,001 - \$10,000	\$10,001 - \$25,000	\$25,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$2,500,000	\$2,500,001 - \$5,000,000	Over \$5,000,000	None	Rent	Interest	Dividend	Capital Gain	Other (Specify: For example, Partnership Income or Farm Income)	None	None	None	None	None	None	None	None	None	
Paragon Shipping Inc													X						X								P	
Paramount Portfolio Fund				X																							P	
Parsons Bank YFG SP ADR																											P, S	
Patriot Canada													X						X								P	
Pfizer Inc																	X				X						P, S	
Pharmacia Health Care Corp (less than \$200)																											P	
Pine Global Mkt				X																							P	
Powershares QQQ Tr Units																	X				X						P, S (partial)	
Powershares Real Assets Bond ETF																					X						P, S	
Powershares UltraShort MSCI													X						X								S	
Prudential Short Term				X																	X						P, S (partial)	
Prudential Total Return																					X						P, S	
Raymond James Fnd Inc													X						X								P, S (partial)	
Royal Dutch Shell PLC																					X						P, S	
Sabotage CGM Inc																					X						P, S (partial)	
Sector SPDR Energy																	X				X						P	
Sector SPDR Financial																	X										P, S (partial)	
Sector SPDR Industrial																	X										P, S (partial)	
Shaw Group													X						X								P	
Silver Wheaton Corp																	X				X						P, S (partial)	
Sony Corp ADR New													X						X								P	
SPDR Gold Trust																	X				X						P, S (partial)	
SPDR NYW Bank ETF																											P	
SPDR S and P Emerging																					X						P	

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Block A						Block B								Block C							Block D									Block E																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP	BQ	BR	BS	BT	BU	BV	BW	BX	BY	BZ	CA	CB	CC	CD	CE	CF	CG	CH	CI	CJ	CK	CL	CM	CN	CO	CP	CQ	CR	CS	CT	CU	CV	CW	CX	CY	CZ	DA	DB	DC	DD	DE	DF	DG	DH	DI	DJ	DK	DL	DM	DN	DO	DP	DQ	DR	DS	DT	DU	DV	DW	DX	DY	DZ	EA	EB	EC	ED	EE	EF	EG	EH	EI	EJ	EK	EL	EM	EN	EO	EP	EQ	ER	ES	ET	EU	EV	EW	EX	EY	EZ	FA	FB	FC	FD	FE	FF	FG	FH	FI	FJ	FK	FL	FM	FN	FO	FP	FQ	FR	FS	FT	FU	FV	FW	FX	FY	FZ	GA	GB	GC	GD	GE	GF	GG	GH	GI	GJ	GK	GL	GM	GN	GO	GP	GQ	GR	GS	GT	GU	GV	GW	GX	GY	GZ	HA	HB	HC	HD	HE	HF	HG	HH	HI	HJ	HK	HL	HM	HN	HO	HP	HQ	HR	HS	HT	HU	HV	HW	HX	HY	HZ	IA	IB	IC	ID	IE	IF	IG	IH	II	IJ	IK	IL	IM	IN	IO	IP	IQ	IR	IS	IT	IU	IV	IW	IX	IY	IZ	JA	JB	JC	JD	JE	JF	JG	JH	JI	JJ	JK	JL	JM	JN	JO	JP	JQ	JR	JS	JT	JU	JV	JW	JX	JY	JZ	KA	KB	KC	KD	KE	KF	KG	KH	KI	KJ	KK	KL	KM	KN	KO	KP	KQ	KR	KS	KT	KU	KV	KW	KX	KY	KZ	LA	LB	LC	LD	LE	LF	LG	LH	LI	LJ	LK	LL	LM	LN	LO	LP	LQ	LR	LS	LT	LU	LV	LW	LX	LY	LZ	MA	MB	MC	MD	ME	MF	MG	MH	MI	MJ	MK	ML	MM	MN	MO	MP	MQ	MR	MS	MT	MU	MV	MW	MX	MY	MZ	NA	NB	NC	ND	NE	NF	NG	NH	NI	NJ	NK	NL	NM	NN	NO	NP	NQ	NR	NS	NT	NU	NV	NW	NX	NY	NZ	OA	OB	OC	OD	OE	OF	OG	OH	OI	OJ	OK	OL	OM	ON	OO	OP	OQ	OR	OS	OT	OU	OV	OW	OX	OY	OZ	PA	PB	PC	PD	PE	PF	PG	PH	PI	PJ	PK	PL	PM	PN	PO	PP	PQ	PR	PS	PT	PU	PV	PW	PX	PY	PZ	QA	QB	QC	QD	QE	QF	QG	QH	QI	QJ	QK	QL	QM	QN	QO	QP	QQ	QR	QS	QT	QU	QV	QW	QX	QY	QZ	RA	RB	RC	RD	RE	RF	RG	RH	RI	RJ	RK	RL	RM	RN	RO	RP	RQ	RR	RS	RT	RU	RV	RW	RX	RY	RZ	SA	SB	SC	SD	SE	SF	SG	SH	SI	SJ	SK	SL	SM	SN	SO	SP	SQ	SR	SS	ST	SU	SV	SW	SX	SY	SZ	TA	TB	TC	TD	TE	TF	TG	TH	TI	TJ	TK	TL	TM	TN	TO	TP	TQ	TR	TS	TT	TU	<th>TW</th> <th>TX</th> <th>TY</th> <th>TZ</th> <th>UA</th> <th>UB</th> <th>UC</th> <th>UD</th> <th>UE</th> <th>UF</th> <th>UG</th> <th>UH</th> <th>UI</th> <th>UJ</th> <th>UK</th> <th>UL</th> <th>UM</th> <th>UN</th> <th>UO</th> <th>UP</th> <th>UQ</th> <th>UR</th> <th>US</th> <th>UT</th> <th>UU</th> <th>UV</th> <th>UW</th> <th>UX</th> <th>UY</th> <th>UZ</th> <th>VA</th> <th>VB</th> <th>VC</th> <th>VD</th>	TW	TX	TY	TZ	UA	UB	UC	UD	UE	UF	UG	UH	UI	UJ	UK	UL	UM	UN	UO	UP	UQ	UR	US	UT	UU	UV	UW	UX	UY	UZ	VA	VB	VC	VD

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S,
E**

Schedule III - ASSETS AND "UNEARNED" INCOME

Name **Vernon G. Buchanan**

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Block A Asset and for Income Source		Block B Value of Assets												Block C Type of Income			Block D Amount of Income												Block E Transaction
Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement accounts (such as 401(k) plans) that are self-directed (i.e., one where you have the power to select the specific investments, even if not exercised), provide the value for each asset held in the account that exceeds the reporting threshold. For an retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental property or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of the business, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from a federal retirement program, including the Thrift Savings Plan.		Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None".												Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401k plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.			For retirement plans that do not allow you to choose specific investments or that generate tax-deferred income (such as 401k plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be listed as income. Check "None" if no income was earned or reinvested.												Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z		
SP	Cash / MURKT				X																								
SP	Chesapeake Energy Oils													X														P	
SP	Chico Systems Inc COM																X											P, S (partial)	
SP	Chigroup Inc																X											P, S (partial)	
SP	Cognizant Tech Solvrs A													X														P	
SP	Coke and Steels Quality																X											P, S (partial)	
SP	Corporate Exec Board Co													X														P	
SP	DB US Dollar bullfin													X														P, S (partial)	
SP	Discovery Communications													X														P	
SP	Edison Vance ENH Income																				X							P, S (partial)	
SP	Edison Vance Natl Municipal																				X							P, S (partial)	
SP	Edison Vance Risk Manager					X																						P, S (partial)	
SP	Edison Vance Sen FLT-RT													X														S	
SP	Edison Intl Corp				X									X														P	
SP	Elements Rogers Agric YR													X														P, S	
SP	Express Scripts Inc COM													X														P	
SP	Exxon Mobile Corp													X														P, S (partial)	
SP	Federated Phospor Bear				X									X														P, S (partial)	
SP	Ford Motor Co NEW													X														P, S (partial)	
SP	General Motors Co													X														P	
SP	Global X China Consumer													X														P	
SP	Goldman Sachs Absolute				X																							P	
SP	Goldman Sachs Bnc Fe													X															
SP	Goldman Sachs Group Inc				X																							P, S (partial)	

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Schedule III - ASSETS AND "UNEARNED" INCOME

Name Vernon G. Buchanan

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Block A

Asset and For Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than \$200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols).

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For rental property or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of the business, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from a federal retirement program, including the Thrift Savings Plan.

Block B

Value of Assets

Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be "None"

A B C D E F G H I J K L

Block C

Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401k plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.

Other Type of Income (Specify: For Dividends, Partnership Income or Rent Income)

M N O

Block D

Amount of Income

For retirement plans that do not allow you to choose specific investments or that generate tax-deferred income (such as 401k plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be listed as income. Check "None" if no income was earned or generated.

P Q R S T U V W X Y Z

Block E

Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.

P, S, E

SP	Liberty Media Corp Western Asset																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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Schedule III - ASSETS AND "UNEARNED" INCOME

Name **Vernon G. Buchanan**

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Block A Asset and for Income Source		Block B Value of Assets												Block C Type of Income				Block D Amount of Income												Block E Transaction
Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement accounts (such as 401(k) plans) that are self-directed (i.e., one where you have the power to select the specific investments, even if not exercised), provide the value for each asset held in the account that exceeds the reporting threshold. For an retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental property or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of the business, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from a federal retirement program, including the Thrift Savings Plan.		Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None".												Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401k plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.				For retirement plans that do not allow you to choose specific investments or that generate tax-deferred income (such as 401k plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be listed as income. Check "None" if no income was earned or generated.												Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.
		A	B	C	D	E	F	G	H	I	J	K	L	None	None	None	None	None	I	II	III	IV	V	VI	VII	VIII	IX	X		
SP	Initial Tax-Saver Bond																		None											
SP	Wells Fargo Advantage																				X								P	
SP	Wells Fargo Capital XIV																												P	
SP	Western Asset Manager																												P	
SP	Wells Fargo Mid Cap CDM													X							X								P, S (partial)	
SP	Wells Fargo Emerging Market																		X										P	
SP	Zimmer Holdings Inc COM													X															P, S (partial)	

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

[illegible]

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000.

include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule M.

[illegible]

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000.

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Capital Gains - if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule M.

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.							Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction										
							PURCHASE SALE EXCHANGE		(MO/DAY/YR)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001-250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	
	08 US Dollar Bullish			X					02/17/10		X									
	08 US Dollar Bullish		X						02/19/10		X									
	08 US Dollar Bullish			X					03/25/10		X									
	08 US Dollar Bullish			X					03/03/10	X										
	08 US Dollar Bullish			X					03/04/10	X										
	08 US Dollar Bullish			X					03/08/10	X										
	08 US Dollar Bullish			X					03/12/10	X										
	08 US Dollar Bullish			X					03/16/10		X									
	08 US Dollar Bullish		X						03/17/10		X									
	08 US Dollar Bullish		X						03/18/10		X									
	08 US Dollar Bullish								03/23/10		X									
	08 US Dollar Bullish		X						04/06/10	X										
	08 US Dollar Bullish			X					04/12/10		X									
	08 US Dollar Bullish			X					04/15/10	X										
	08 US Dollar Bullish		X						04/28/10		X									
	08 US Dollar Bullish			X					04/28/10	X										
	08 US Dollar Bullish			X					04/28/10	X										
	08 US Dollar Bullish		X						05/04/10		X									
	08 US Dollar Bullish		X						05/07/10		X									
	08 US Dollar Bullish		X						05/10/10	X										
	08 US Dollar Bullish			X					05/18/10		X									
	08 US Dollar Bullish		X						05/21/10		X									
	08 US Dollar Bullish			X					05/11/10	X										
	08 US Dollar Bullish			X					05/18/10	X										
	08 US Dollar Bullish		X						05/23/10		X									
	08 US Dollar Bullish		X						05/24/10	X										
	08 US Dollar Bullish		X						05/28/10	X										
	08 US Dollar Bearish			X					05/24/10		X									
	Eaton Vance BNM Income		X						01/18/10	X										
	Eaton Vance BNM Income			X					07/03/10	X										
	Eaton Vance BNM Income			X					07/02/10	X										
	Eaton Vance Mtl Muni		X						04/22/10	X										
	Eaton Vance Mtl Muni			X					02/04/10	X										
	Eaton Vance Mtl Muni		X						08/03/10	X										
	Eaton Vance Mtl Muni		X						08/04/10	X										
	Eaton Vance Mtl Muni			X					11/23/10		X									
	Eaton Vance Mtl Muni			X			X		11/23/10	X										
	Eaton Vance Risk Managed			X			X		01/21/10	X										
	Eaton Vance Risk Managed			X					03/02/10	X										
	Eaton Vance Risk Managed		X						03/08/10	X										

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

[illegible]

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule H.

[illegible]

SCHEDULE IV - TRANSACTIONS

Name: **Vernon G. Buchanan**

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

	Ishares Barclays Tps BO	X				03/24/10		X																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									</
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SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

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			PURCHASE	SALE	EXCHANGE		(MO/DAY/YR)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	
		Ishares Silver TR		X			03/08/10	X										
		Ishares Silver TR		X		X	03/12/10	X										
		Ishares Silver TR	X				04/18/10	X										
		Ishares Silver TR		X		X	05/13/10	X										
		Ishares Silver TR		X		X	05/13/10	X										
		Ishares TR Russell 2000	X				05/14/10	X										
		Ishares TR Russell 2000		X			06/16/10	X										
		Johnson & Johnson COM	X				03/05/10		X									
		Johnson & Johnson COM		X			03/03/10	X										
		Johnson & Johnson COM		X			03/01/10	X										
		Johnson Controls Inc	X				04/28/10	X										
		Johnson Controls Inc		X			05/17/10	X										
		JP Morgan Chase & Co	X				03/31/10	X										
		JP Morgan Chase & Co		X		X	04/09/10	X										
		JP Morgan Chase & Co		X			04/28/10	X										
		JP Morgan Chase & Co		X			04/28/10	X										
		JP Morgan Chase & Co	X				05/05/10		X									
		JP Morgan Chase & Co	X				05/05/10	X										
		JP Morgan Chase & Co		X			05/05/10	X										
		JP Morgan Chase & Co		X			11/23/10	X										
		JP Morgan Chase & Co		X			11/23/10	X										
		JP Morgan Chase & Co		X			11/23/10	X										
		JP Morgan HighBridge		X			03/03/10	X										
		JP Morgan HighBridge		X			08/24/10		X									
		JP Morgan Strategic		X			03/02/10		X									
		JP Morgan Strategic		X		X	08/24/10		X									
		JP Morgan Tax Aware Real		X		X	03/03/10			X								
		JP Morgan Tax Aware Real		X		X	04/28/10		X									
		JP Morgan US Large Cap		X			03/02/10	X										
		JP Morgan US Large Cap		X			03/18/10	X										
		JP Morgan US Large Cap		X		X	04/28/10	X										
		JP Morgan US Large Cap		X			08/18/10	X										
		JP Morgan US Large Cap		X			08/24/10	X										
		Kraft Foods Inc Va Cl A	X				03/03/10		X									
		Kraft Foods Inc Va Cl A	X				03/18/10	X										
		Kraft Foods Inc Va Cl A		X		X	03/23/10		X									
		Kraft Foods Inc Va Cl A	X				03/25/10		X									
		Kraft Foods Inc Va Cl A		X			03/02/10	X										
		Kraft Foods Inc Va Cl A		X		X	03/17/10	X										
		Kraft Foods Inc Va Cl A	X				04/09/10	X										

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Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000.

Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

[illegible]

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Capital Gains - if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule M.

[illegible]

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

Name: VERNON G. EICHENHART						Page 11 of 24													
Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.						Type of Transaction	Capital Gains in Excess of \$200?	Date	Amount of Transaction										
						PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B	C	D	E	F	G	H	I	J	K
										\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
	PPL Corporation		X					03/12/10	X										
	PPL Corporation			X				03/28/10	X										
	Priceline Com Inc	X						04/22/10	X										
	Priceline Com Inc		X		X			06/08/10	X										
	Priceline Com Inc	X						05/14/10	X										
	Priceline Com Inc			X				05/17/10	X										
	Priceline Com Inc	X						04/08/10	X										
	Prestor & Gamble Co		X					04/21/10	X										
	Prestor & Gamble Co			X		X		04/04/10		X									
	Prudential Short Term			X		X		08/24/10			X								
	Prudential Short Term			X		X		03/11/10	X			X							
	Regions Fnd Corp	X						04/04/10	X										
	Regions Fnd Corp		X		X			04/22/10		X									
	Rydex ETF Tr Index Fund	X						05/04/10	X										
	Rydex ETF Tr Index Fund			X				05/07/10	X										
	Rydex ETF Tr Index Fund			X				03/28/10	X										
	Small Avenite Spon Adr	X						03/07/10	X										
	Small Avenite Spon Adr			X				05/14/10		X									
	Sector SPDR Consumers Stpl	X						08/18/10			X								
	Sector SPDR Consumers Stpl			X		X		05/14/10	X										
	Sector SPDR Financial	X						01/05/10	X										
	Sector SPDR Financial			X		X		01/18/10			X								
	Sector SPDR Financial	X						04/21/10			X								
	Sector SPDR Financial			X				01/22/10	X										
	Sector SPDR Financial	X						02/19/10	X										
	Sector SPDR Industrial			X				03/22/10			X								
	Sector SPDR Utilities	X						01/05/10	X										
	Sector SPDR Utilities	X						01/18/10			X								
	Sector SPDR Utilities			X		X		04/21/10			X								
	Sector SPDR Utilities	X						03/12/10	X										
	Sector SPDR Utilities			X				03/22/10				X							
	Sector SPDR Utilities	X						03/22/10	X										
	Sector SPDR Utilities			X				05/11/10	X										
	Sector SPDR Utilities			X				03/14/10	X										
	Sector SPDR Utilities			X		X		01/22/10	X										
	Sector SPDR Utilities	X						03/12/10	X										
	Sector SPDR Utilities			X				03/17/10	X										
	Sector SPDR Utilities	X						02/18/10		X									
	Sector SPDR Utilities			X				02/25/10			X								

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

[illegible]

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule H.

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							PURCHASE SALE EXCHANGE		(MO/DAY/YR)	B \$1,001 - \$15,000	C \$15,001 - \$50,000	D \$50,001 - \$100,000	E \$100,001 - \$250,000	F \$250,001 - \$500,000	G \$500,001 - \$1,000,000	H \$1,000,001 - \$5,000,000	I \$5,000,001 - \$25,000,000	J \$25,000,001 - \$50,000,000	K Over \$50,000,000	
		Verizon Communications COM	X					01/23/10	X											
		Verizon Communications COM	X					02/11/10	X											
		Verizon Communications COM		X				03/18/10	X											
		Verizon Communications COM		X				08/02/10	X											
		Verizon Communications COM	X					03/08/10	X											
		Verizon Communications COM		X				04/08/10	X											
		Verizon Communications COM	X					04/10/10	X											
		Verizon Communications COM		X				08/10/10	X											
		Verizon Communications COM		X				08/10/10	X											
		Vivus Multi Sector		X		X		03/04/10	X											
		Vivus Multi Sector		X		X		08/24/10			X									
		Via Inc CL A Shrs	X					04/30/10	X											
		Via Inc CL A Shrs		X				08/03/10	X											
		Wal-Mart Stores Inc	X					01/28/10		X										
		Wal-Mart Stores Inc		X				03/17/10		X										
		Wal-Mart Stores Inc	X					04/14/10		X										
		Wal-Mart Stores Inc		X				04/21/10		X										
		Wal-Mart Stores Inc	X					08/04/10	X											
		Wal-Mart Stores Inc		X				08/07/10	X											
		Weatherford Intl Ltd	X					06/12/10	X											
		Weatherford Intl Ltd		X				08/24/10	X											
		Wells Fargo Capital XIV	X					09/10/10	X											
		Wells Fargo Capital XIV		X				08/24/10	X											
		Wells Fargo Capital XIV		X				11/23/10	X											
		Western Asset Managed		X		X		03/30/10	X											
		Western Asset Managed		X				03/05/10	X											
		Western Asset Managed		X				03/02/10	X											
		Western Asset Managed	X					04/30/10	X											
		Western Asset Managed		X		X		04/30/10	X											
		Western Asset Managed		X				06/27/10	X											
		Western Asset Managed		X		X		11/23/10	X											
		Weyerhaeuser Co	X					04/30/10	X											
		Weyerhaeuser Co		X				06/21/10	X											
		Weyerhaeuser Co	X					08/27/10	X											
		Weyerhaeuser Co		X				04/30/10	X											
		Widomree Emerging Mkts		X				03/04/10	X											
		Widomree Emerging Mkts	X					03/24/10	X											
		Widomree Emerging Mkts	X					04/09/10	X											
		Widomree Emerging Mkts		X		X		04/12/10	X											
		Widomree Emerging Mkts		X				05/17/10	X											

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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							PURCHASE SALE EXCHANGE		(MO/DAY/YR)	B \$1,001 - \$15,000	C \$15,001 - \$50,000	D \$50,001 - \$100,000	E \$100,001 - \$250,000	F \$250,001 - \$500,000	G \$500,001 - \$1,000,000	H \$1,000,001 - \$5,000,000	I \$5,000,001 - \$25,000,000	J \$25,000,001 - \$50,000,000	K Over \$50,000,000	
	Yamaha Gold Inc	X						04/07/10	X											
	Yamaha Gold Inc		X			X		05/19/10	X											
	Yum Brands Inc	X						02/05/10	X											
	Yum Brands Inc		X			X		03/02/10	X											
	Yum Brands Inc		X					03/09/10	X											
Melroe Lynch 737-17798																				
	MLACo 11% HD Strides					X		02/09/10				X								
	Home Depot Inc (exchanged fr MLACo HD Strides and moved to 737-17798)					X		02/09/10					X							
	1288, LC Venice FL - Auto Dealer		X					12/18/10						X						
	Georgetown Properties, LLC (rebased on 2009 disclosure - sold membership in 2009)		X					05/08/08							X					
	Loan to buyer	X						05/08/08				X								
Carter Landings, LLC												X								
	Vacant Land - Bradenton FL		X					08/14/10								X				
	Loan to Habitat of Humanity for sale of vacant land, Bradenton, FL	X						08/14/10								X				
Orange Park, LLC																				
	House Eden Dr Englewood, FL - 544 Eden Dr		X					03/09/10				X								
Gannett-ADB1A8H9 (old)																				
	Abbey Capital ACL ALT Fund Ltd		X			X		01/01/10								X				
	AMA US Equity Opportunity Fund QP		X					02/01/10				X								
	AMA US Equity Opportunity Fund QP		X					05/01/10		X										
	AMA US Equity Opportunity Fund QP		X					06/01/10			X									
	AMA US Equity Opportunity Fund QP	X						08/01/10			X									
	AMA US Equity Opportunity Fund QP		X					10/01/10			X									
	Arizona Bd Regents Ariz St Un Sys Rev B	X				X		08/18/10			X									
	Arizona Bd Regents Ariz St Un Sys Rev B		X					08/20/10			X									
	Booster Mtn Palatin Cd Rev Bds		X					07/23/10			X									
	Easton PA Area Sch Dist Sch Go B	X						07/02/10			X									
	Florida St Tpk Auth Rev Ref B	X						08/18/10			X									
	Florida St Tpk Auth Rev Ref B		X					08/30/10			X									
	Folsom Calif Pub Fing Auth Rev Assessm		X			X		06/03/10		X										
	Greater Orlando Aviation Auth Ref Rev B	X						08/28/10			X									
	Greenlight Masters Qualified LP (adj to final holdback)		X					08/01/10	X											
	Harris Crty Tax	X						07/28/10			X									
	Kansas City Mo Met Cmnty Colls Lsthd	X						10/27/10		X										
	Lexington Tax Indpt Sch Dist GO Ref B	X						07/27/10			X									
	Lighthouse Low Velocity Fd Op SLV		X					02/01/10		X										
	Lighthouse Low Velocity Fd Op SLV		X					05/01/10		X										
	Lighthouse Low Velocity Fd Op SLV		X					11/01/10	X											
	Lower Colo Riv Auth Tax Rev Ref B		X					03/18/10		X										
	Massachusetts St Dev Fin Agcy High Ed Rev		X			X		08/18/10			X									

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule 11.

	Miami-Dade Cnty FLA Aviation R Rev Bds	X				08/07/10			X																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
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SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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[illegible]

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Name: Vernon G. Buchanan

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				PURCHASE	SALE	EXCHANGE		(MO/DAY/YR)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	
		Amer Express Company		X				10/13/10	X										
		Amer Express Company			X		X	10/22/10	X										
		Amer Express Company		X				12/20/10	X										
		Amer Express Company			X			12/27/10	X										
		American Airlines Holdings		X				12/08/10	X										
		American Tower Corp CL A			X		X	08/13/10	X										
		American Tower Corp CL A		X				10/13/10	X										
		American Tower Corp CL A			X			11/05/10	X										
		Amax Technology Select SPDR		X				01/05/10	X										
		Amax Technology Select SPDR			X		X	01/05/10	X										
		Amax Technology Select SPDR		X				01/28/10	X										
		Amax Technology Select SPDR			X			08/03/10		X									
		Amax Technology Select SPDR		X				03/03/10	X										
		Amax Technology Select SPDR			X			03/18/10	X										
		Amax Technology Select SPDR		X				11/10/10	X										
		Amax Technology Select SPDR			X			12/10/10	X										
		Amgen Inc Com		X				01/13/10	X										
		Amgen Inc Com			X			08/03/10	X										
		Anadarko Petroleum Corp		X				12/17/10	X										
		AngloGold Ashanti Ltd			X			08/24/10	X										
		Anheuser-Busch Inbev ADR		X				05/05/10	X										
		Anheuser-Busch Inbev ADR		X				05/03/10	X										
		Anheuser-Busch Inbev ADR			X		X	07/15/10	X										
		Anheuser-Busch Inbev ADR			X		X	07/16/10	X										
		Anheuser-Busch Inbev ADR		X				08/08/10	X										
		Anheuser-Busch Inbev ADR			X		X	08/11/10	X										
		Anheuser-Busch Inbev ADR			X		X	08/01/10	X										
		Anheuser-Busch Inbev ADR			X		X	08/02/10	X										
		Anheuser-Busch Inbev ADR		X				10/28/10	X										
		Anheuser-Busch Inbev ADR			X			11/05/10	X										
		Anheuser-Busch Inbev ADR			X			12/08/10	X										
		Apple Group Inc CL A		X				10/18/10	X										
		Apple Group Inc CL A			X			10/28/10	X										
		Apple Inc			X		X	01/28/10	X										
		Apple Inc		X				02/18/10	X										
		Apple Inc		X				02/18/10	X										
		Apple Inc			X		X	03/18/10	X										
		Apple Inc		X				04/27/10	X										
		Apple Inc			X			08/05/10	X										
		Apple Inc		X				05/07/10	X										

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						PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
	Apple Inc		X					05/10/10	X										
	Apple Inc	X						07/09/10	X										
	Apple Inc	X						07/13/10	X										
	Apple Inc	X						07/21/10	X										
	Apple Inc		X		X			07/28/10	X										
	Apple Inc	X						07/30/10	X										
	Apple Inc		X					08/08/10	X										
	Apple Inc	X						08/11/10	X										
	Apple Inc		X					08/30/10	X										
	Apple Inc	X						10/19/10	X										
	Apple Inc		X					11/17/10	X										
	Applied Material Inc	X						08/25/10	X										
	Applied Material Inc		X					08/13/10	X										
	Avantor Inc	X						08/20/10	X										
	Avantor Inc		X		X			11/18/10	X										
	Avantor Inc	X						08/20/10	X										
	Avantor Inc		X					08/20/10	X										
	Avantor Inc	X						12/14/10	X										
	Avantor Inc	X						12/15/10	X										
	Avantor Inc	X						12/17/10	X										
	Avantor Inc		X					12/13/10	X										
	Avantor Inc		X					12/15/10	X										
	Avantor Inc		X					12/27/10	X										
	Avantor Inc	X						08/24/10	X										
	Avantor Inc		X					08/27/10	X										
	Avantor Inc	X						10/23/10	X										
	Avantor Inc		X					10/21/10	X										
	Avantor Inc		X					10/23/10	X										
	Avantor Inc	X						04/05/10	X										
	Avantor Inc	X						08/04/10	X										
	Avantor Inc		X		X			08/15/10	X										
	Avantor Inc	X						02/28/10	X										
	Avantor Inc		X					03/28/10	X										
	Avantor Inc	X						08/20/10	X										
	Avantor Inc	X						08/20/10	X										
	Avantor Inc		X					08/20/10	X										
	Avantor Inc	X						08/20/10	X										
	Avantor Inc		X					08/20/10	X										
	Avantor Inc	X						10/23/10	X										
	Avantor Inc		X					11/03/10	X										
	Avantor Inc	X						12/02/10	X										

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Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule M1.

[illegible]

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Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

[illegible]

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Name: Vernon G. Buchanan

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[illegible]

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Report any purchase, sale, or exchange by you, your spouse, or dependant child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependant child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule M.

[illegible]

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

[illegible]

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

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SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule 11f.

[illegible]

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

[illegible]

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

[illegible]

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

[illegible]

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule II.

[illegible]

SCHEDULE IV - TRANSACTIONS

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.				Type of Transaction	Capital Gains in Excess of \$200?	Date	Amount of Transaction												
Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.				PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000		
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		Enersys SA Span Adr		X			02/17/10	X											
		Enersys SA Span Adr			X		03/10/10	X											
		Equifax Inc		X			08/11/10	X											
		Equifax Inc			X		08/28/10	X											
		ETFS Physical Platinum		X			08/09/10	X											
		ETFS Physical Platinum			X		08/22/10	X											
		ETFS Physical Platinum		X			12/18/10	X											
		ETFS Physical Platinum		X			12/27/10	X											
		Everest RE Group Ltd		X			11/23/10	X											
		Everest RE Group Ltd			X		11/28/10	X											
		Evergreen Asset		X			02/28/10	X											
		Evergreen Asset		X			03/18/10	X											
		Evergreen Asset				X	07/27/10	X											
		Express Scripts Inc CCM		X			11/28/10	X											
		Exxon Mobil Corp Com		X			03/18/10	X											
		Exxon Mobil Corp Com		X			03/17/10	X											
		Exxon Mobil Corp Com		X			03/18/10	X											
		Exxon Mobil Corp Com			X		05/03/10	X											
		Exxon Mobil Corp Com		X			08/12/10	X											
		Exxon Mobil Corp Com			X		08/20/10	X											
		Exxon Mobil Corp Com		X			08/27/10	X											
		Exxon Mobil Corp Com		X			08/10/10	X											
		Exxon Mobil Corp Com			X		08/16/10	X											
		Exxon Mobil Corp Com			X		08/11/10	X											
		Exxon Mobil Corp Com		X			11/28/10	X											
		Exxon Mobil Corp Com		X			12/22/10	X											
		Federated Investors B		X			08/18/10	X											
		Federated Investors B			X		05/11/10	X											
		Federated Prudent Bear		X			01/12/10	X											
		Federated Prudent Bear			X		03/30/10	X											
		Federated Prudent Bear			X		04/07/10	X											
		Federated Prudent Bear			X		04/19/10	X											
		Federated Prudent Bear		X			05/25/10		X										
		Federated Prudent Bear		X			05/28/10		X										
		Federated Prudent Bear		X			08/07/10	X											
		Federated Prudent Bear					07/08/10	X											
		Federated Prudent Bear			X		08/08/10		X										
		Federated Prudent Bear			X		08/21/10	X											

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule (I).

[illegible]

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule H.

	Farlane Brands Inc		X			07/02/10	X																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
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SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule M.

[illegible]

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule H.

[illegible]

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule H.

[illegible]

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.						Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction										
						PURCHASE SALE EXCHANGE		(MO/DAY/YR)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	
		Int Business Machines	X					08/24/10	X										
		Int Business Machines		X				10/01/10	X										
		Int Business Machines	X					10/05/10	X										
		Int Business Machines		X				10/08/10	X										
		Int Business Machines	X					10/18/10	X										
		Int Business Machines	X					11/18/10	X										
		Int Business Machines		X				11/30/10	X										
		Int Business Machines	X					12/14/10	X										
		Int Game Technology	X					08/27/10	X										
		Int Game Technology		X		X		08/30/10	X										
		Shares Barclay 7-10 Yr	X					08/29/10	X										
		Shares Barclay 7-10 Yr	X					08/10/10	X										
		Shares Barclay 7-10 Yr		X				08/28/10	X										
		Shares Barclay 7-10 Yr		X				07/07/10	X										
		Shares Barclay 7-10 Yr	X					07/13/10	X										
		Shares Barclay 7-10 Yr	X					07/18/10	X										
		Shares Barclay 7-10 Yr		X		X		07/23/10	X										
		Shares Barclay 7-10 Yr		X		X		08/11/10		X									
		Shares Barclay 7-10 Yr		X		X		08/18/10		X									
		Shares Barclay 7-10 Yr	X					08/30/10	X										
		Shares Barclay 7-10 Yr		X				10/28/10	X										
		Shares Barclays TIPS BO	X					8/10/10	X										
		Shares Barclays TIPS BO		X		X		8/10/10	X										
		Shares Barclays TIPS BO		X				9/1/22/10	X										
		Shares Barclays TIPS BO	X					08/30/10	X										
		Shares Barclays TIPS BO		X				08/17/10	X										
		Shares Barclays TIPS BO		X				04/08/10	X										
		Shares Barclays TIPS BO	X					04/08/10	X										
		Shares Barclays TIPS BO	X					08/23/10	X										
		Shares Barclays TIPS BO		X				08/20/10	X										
		Shares Barclays TIPS BO		X				08/20/10	X										
		Shares Barclays TIPS BO		X				08/23/10	X										
		Shares Barclays 1-3 year	X					08/20/10		X									
		Shares Barclays 1-3 year	X					08/20/10	X										
		Shares Barclays 1-3 year	X					08/20/10	X										
		Shares Barclays 1-3 year	X	X				08/20/10	X										
		Shares Barclays 20+ yr	X					08/20/10		X									
		Shares Barclays 20+ yr		X				08/08/10	X										
		Shares Barclays 20+ yr		X				08/08/10	X										
		Shares Barclays 20+ yr	X					07/13/10	X										

SCHEDULE IV - TRANSACTIONS

Name: **Vernon G. Buchanan**

Page **37** of **84**

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

	Shares Barclays 20+ yr			X		X	07/22/10	X																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
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SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule M.

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								B	C	D	E	F	G	H	I	J	K	
		PURCHASE	SALE	EXCHANGE			(MO/DAY/YR)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001-250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	
	Shares IBM \$		X				11/12/10	X										
	Shares IBM \$		X				11/18/10	X										
	Shares Inc		X		X		01/08/10	X										
	Shares Inc		X		X		01/11/10	X										
	Shares Inc		X		X		01/15/10	X										
	Shares Inc	X					08/01/10	X										
	Shares Inc	X					08/17/10	X										
	Shares Inc		X				09/03/10	X										
	Shares Inc	X					03/10/10	X										
	Shares Inc	X					03/17/10	X										
	Shares Inc	X					03/24/10	X										
	Shares Inc		X				08/28/10	X										
	Shares Inc	X					04/28/10	X										
	Shares Inc		X				08/28/10	X										
	Shares Inc	X					10/08/10	X										
	Shares Inc	X					10/08/10	X										
	Shares Inc		X				10/11/10	X										
	Shares Inc	X					11/20/10	X										
	Shares Inc		X		X		12/17/10	X										
	Shares Inc	X					1/23/10	X										
	Shares MSCI Australia		X				04/21/10	X										
	Shares MSCI Australia		X				08/01/10	X										
	Shares MSCI Australia		X				03/08/10	X										
	Shares MSCI Australia	X					03/12/10	X										
	Shares MSCI Australia	X					08/18/10	X										
	Shares MSCI Australia	X					08/23/10	X										
	Shares MSCI Australia		X				03/28/10	X										
	Shares MSCI Australia		X		X		03/08/10	X										
	Shares MSCI Australia		X		X		08/23/10	X										
	Shares MSCI Australia	X					04/08/10	X										
	Shares MSCI Brazil Free	X					04/18/10	X										
	Shares MSCI Brazil Free		X				04/18/10	X										
	Shares MSCI Brazil Free		X		X		04/18/10	X										
	Shares MSCI CDA INDX PD		X		X		04/18/10	X										
	Shares MSCI Emerging	X					04/18/10	X										
	Shares MSCI Emerging		X				01/28/10	X										
	Shares MSCI Emerging		X				01/27/10	X										
	Shares MSCI Emerging	X					04/14/10	X										
	Shares MSCI Emerging	X					04/18/10	X										

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000.

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[illegible]

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		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B	C	D	E	F	G	H	I	J	K	
						\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	
Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule M.																
	Shares MSCI Thailand		X		04/28/10	X										
	Shares MSCI Turkey Intl	X			08/11/10	X										
	Shares MSCI Turkey Intl		X		04/06/10	X										
	Shares MSCI Turkey Intl	X			12/28/10	X										
	Shares MSCI Turkey Intl		X		12/23/10	X										
	Shares Hsiaoq Biotech	X			08/08/10	X										
	Shares Hsiaoq Biotech		X		08/14/10	X										
	Shares Silver TR		X		02/09/10	X										
	Shares Silver TR		X		03/05/10	X										
	Shares Silver TR	X			04/18/10	X										
	Shares Silver TR		X		08/13/10	X										
	Shares Silver TR		X		05/13/10	X										
	Shares Silver TR	X			08/28/10	X										
	Shares Silver TR		X		08/07/10	X										
	Shares Silver TR	X			11/12/10	X										
	Shares Silver TR	X			12/07/10	X										
	Shares Silver TR		X		12/18/10	X										
	Shares TR Dow Jones		X		03/23/10	X										
	Shares TR Russell 2000	X			08/13/10	X										
	Shares TR Russell 2000		X		08/19/10	X										
	Shares TR Russell 2000	X			08/27/10	X										
	Shares TR Russell 2000		X		08/11/10	X										
	Shares TR Russell 2000	X			12/09/10	X										
	Shares TR Russell 2000	X			12/08/10	X										
	Shares TR Russell 2000		X		12/02/10	X										
	Shares TR Russell 2000		X		12/23/10	X										
	Shares Transportation		X		01/08/10	X										
	Shares Transportation	X			11/03/10	X										
	Shares Transportation		X		12/08/10	X										
	Jedi Circuit Inc	X			01/28/10	X										
	Jedi Circuit Inc		X		12/08/10	X										
	Jacobs Ergo Gap Inc Data	X			12/08/10	X										
	Jacobs Ergo Gap Inc Data		X		11/24/10	X										
	James Tobin Fund CL I	X			10/11/10		X									
	Johnson & Johnson COM		X		08/01/10	X										
	Johnson & Johnson COM	X			07/23/10	X										
	Johnson & Johnson COM		X		08/03/10	X										
	Johnson & Johnson COM	X			08/01/10	X										
	Johnson & Johnson COM		X		08/13/10	X										

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[illegible]

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[illegible]

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[illegible]

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Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule M1.

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

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									B	C	D	E	F	G	H	I	J	K
		PURCHASE	SALE	EXCHANGE			(MO/DAY/YR)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001-250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	
	Market Vectors ETF TR	X				08/20/10	X											
	Market Vectors ETF TR	X				08/07/10	X											
	Market Vectors ETF TR		X			08/10/10	X											
	Market Vectors ETF TR		X		X	08/10/10	X											
	Market Vectors ETF TR	X				08/21/10	X											
	Market Vectors ETF TR	X				08/20/10	X											
	Market Vectors ETF TR	X				11/12/10	X											
	Market Vectors ETF TR		X			11/20/10	X											
	Market Vectors ETF TR	X				12/28/10	X											
	Market Vectors Russia	X				11/24/10	X											
	Market Vectors Russia	X				11/04/10	X											
	Market Vectors Russia	X				12/03/10	X											
	Market Vectors Russia	X				12/14/10	X											
	Market Vestr JR Qld ETF	X				12/14/10	X											
	Market Vestr JR Qld ETF		X			10/08/10	X											
	Market Vestr JR Qld ETF	X				10/08/10	X											
	Market Vestr JR Qld ETF	X				10/10/10	X											
	Market Vestr JR Qld ETF		X			10/28/10	X											
	Market Vestr JR Qld ETF	X				11/01/10	X											
	Market Vestr JR Qld ETF		X		X	11/17/10	X											
	Marshall and Bailey Corp	X				10/20/10	X											
	Marshall and Bailey Corp		X			07/02/10	X											
	Marshall and Bailey Corp	X				07/02/10	X											
	Marshall and Bailey Corp		X			03/20/10	X											
	Marshall and Bailey Corp	X				08/21/10	X											
	Marshall and Bailey Corp		X			10/20/10	X											
	Marshall and Bailey Corp	X				10/20/10	X											
	Marshall and Bailey Corp		X			08/20/10	X											
	Marshall and Bailey Corp	X				10/20/10	X											
	Marshall and Bailey Corp		X			10/20/10	X											
	Marvel Technology Group	X				12/17/10	X											
	Monsey Energy Co Com	X				10/08/10	X											
	Monsey Energy Co Com		X			10/08/10	X											
	Motorola Solent Sector	X				11/24/10		X										
	Motorola Solent Sector	X				11/04/10	X											
	Motorola Solent Sector		X			07/20/10		X										
	Motorola Solent Sector		X			08/11/10	X											
	Motorola Solent Sector	X				11/11/10	X											
	Motorola Solent Sector		X		X	12/22/10	X											
	Matthews Asia Pacific Div		X		X	08/20/10		X										

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		PURCHASE	SALE	EXCHANGE			(MO/DAY/YR)	B \$1,001 - \$15,000	C \$15,001 - \$50,000	D \$50,001 - \$100,000	E \$100,001 - 250,000	F \$250,001 - \$500,000	G \$500,001 - \$1,000,000	H \$1,000,001 - \$5,000,000	I \$5,000,001 - \$25,000,000	J \$25,000,001 - \$50,000,000	K Over \$50,000,000	
	Mathews Intra Fund	X					01/20/10	X										
	Mathews Intra Fund	X					07/21/10	X										
	Maxim Integrated Prods	X					08/01/10	X										
	Maxim Integrated Prods		X				08/03/10	X										
	Maxim Integrated Prods		X				08/10/10	X										
	Mediac Inc	X					08/17/10	X										
	Mediac Inc		X		X		08/18/10	X										
	McCormick Real Vty	X					12/23/10	X										
	McDonald's Corp COM		X		X		03/08/10	X										
	McDonald's Corp COM	X					04/01/10	X										
	McDonald's Corp COM		X				08/08/10	X										
	McDonald's Corp COM	X					08/11/10	X										
	McDonald's Corp COM		X		X		08/08/10	X										
	McDonald's Corp COM	X					08/08/10	X										
	McDonald's Corp COM		X				08/10/10	X										
	McDonald's Corp COM	X					08/10/10	X										
	McDonald's Corp COM		X				08/10/10	X										
	McDonald's Corp COM	X					10/22/10	X										
	McDonald's Corp COM		X				10/27/10	X										
	McDonald's Corp COM		X				11/17/10	X										
	McDonald's Corp COM	X					11/29/10	X										
	McDonald's Corp COM		X				12/08/10	X										
	McDonald's Corp COM	X					12/12/10	X										
	McDonald's Corp COM	X					12/23/10	X										
	McKesson Corporation Com	X					08/14/10	X										
	McKesson Corporation Com		X				08/18/10	X										
	McKesson Corporation Com	X					08/28/10	X										
	McKesson Corporation Com		X				08/23/10	X										
	Medco Health Solutions	X					07/28/10	X										
	Medco Health Solutions	X					07/28/10	X										
	Medco Health Solutions		X				07/28/10	X										
	Medco Health Solutions		X				08/09/10	X										

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Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule H.

Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction										
			B	C	D	E	F	G	H	I	J	K	
PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)										
			\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	
	X		11/03/10	X									
	X		12/28/10	X									
	X		11/05/10	X									
		X	11/10/10	X									
	X		09/23/10	X									
		X	09/20/10	X									
	X		09/09/10	X									
		X	03/11/10	X									
	X		10/20/10	X									
	X		11/09/10	X									
		X	11/16/10	X									
		X	12/01/10	X									
	X		01/04/10	X									
		X	01/12/10	X									
		X	01/20/10	X									
	X		04/08/10	X									
		X	04/10/10	X									
	X		08/28/10	X									
		X	07/10/10	X									
	X		07/21/10	X									
		X	07/30/10	X									
	X		08/10/10	X									
	X		08/17/10	X									
		X	08/24/10	X									
	X		08/31/10	X									
	X		08/21/10	X									
	X		10/04/10	X									
		X	10/24/10		X								
	X		08/21/10	X									
		X	11/05/10	X									
		X	11/11/10	X									
	X		11/17/10	X									
		X	12/09/10	X									
		X	12/13/10	X									
	X		12/14/10	X									
		X	12/27/10	X									
	X		10/09/10	X									
		X	10/10/10	X									
	X		04/07/10	X									

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[illegible]

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[illegible]

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		PURCHASE	SALE	EXCHANGE		(MO/DAY/YR)	B \$1,001 - \$15,000	C \$15,001 - \$50,000	D \$50,001 - \$100,000	E \$100,001 - \$250,000	F \$250,001 - \$500,000	G \$500,001 - \$1,000,000	H \$1,000,001 - \$5,000,000	I \$5,000,001 - \$25,000,000	J \$25,000,001 - \$50,000,000	K Over \$50,000,000			
	Petco Inc Vg SPD ADR		X			10/06/10	X												
	Petco Inc Vg SPD ADR		X			10/07/10	X												
	Petco Inc	X				03/10/10	X												
	Petco Inc		X			08/25/10	X												
	Pfizer Inc	X				01/05/10	X												
	Pfizer Inc	X				03/10/10	X												
	Pfizer Inc	X				03/10/10	X												
	Pfizer Inc	X				03/24/10	X												
	Pfizer Inc		X			04/21/10	X												
	Pfizer Inc		X			04/28/10	X												
	Pfizer Inc	X				04/28/10	X												
	Pfizer Inc	X				04/30/10	X												
	Pfizer Inc	X				05/03/10	X												
	Pfizer Inc		X			05/17/10	X												
	Pfizer Inc		X			06/08/10	X												
	Pfizer Inc		X			07/08/10	X												
	Pfizer Inc	X				08/08/10	X												
	Pfizer Inc	X				08/08/10	X												
	Pfizer Inc		X		X	08/14/10	X												
	Pfizer Inc		X		X	08/14/10	X												
	Pfizer Inc	X				10/22/10	X												
	Pfizer Inc		X			11/05/10	X												
	Pfizer Inc	X				11/11/10	X												
	Pfizer Inc		X			11/23/10	X												
	Pfizer Global Mkt	X				08/12/10		X											
	Pfizer Biotech Inc	X				11/23/10	X												
	Pfizer Biotech Inc		X			12/01/10	X												
	Pfizer Creek Timber Co Inc	X				03/17/10	X												
	Pfizer Creek Timber Co Inc		X			09/28/10	X												
	Pfizer Creek Timber Co Inc	X				05/04/10	X												
	Pfizer Creek Timber Co Inc		X			05/10/10	X												
	Pfizer Creek Timber Co Inc	X				08/04/10	X												
	Pfizer Creek Timber Co Inc		X		X	08/08/10	X												
	Pfizer Creek Timber Co Inc																		

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

[illegible]

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

[illegible]

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule M.		Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction										
		PURCHASE SALE EXCHANGE		(MO/DAY/YR)	B	C	D	E	F	G	H	I	J	K	
					\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001-250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	
	Repeat Ypf S A Spnd Atr	X		07/08/10	X										
	Repeat Ypf S A Spnd Atr		X	07/10/10	X										
	Research in Motion, Int	X		08/08/10	X										
	Research in Motion, Int		X	08/11/10	X										
	Research in Motion, Int		X	08/11/10	X										
	Research in Motion, Int	X		08/20/10	X										
	Research in Motion, Int		X	08/21/10	X										
	Riverbed Technology Inc	X		08/22/10	X										
	Riverbed Technology Inc		X	10/07/10	X										
	Riverbed Technology Inc		X	10/07/10	X										
	Riverbed Technology Inc	X		10/13/10	X										
	Riverbed Technology Inc		X	10/18/10	X										
	Royal Dutch Shell	X		07/03/10	X										
	Royal Dutch Shell		X	07/08/10	X										
	Rydex Int Tr Index Fund	X		04/14/10	X										
	Rydex Int Tr Index Fund	X		04/19/10	X										
	Rydex Int Tr Index Fund	X		04/20/10	X										
	Rydex Int Tr Index Fund	X		04/22/10	X										
	Rydex Int Tr Index Fund	X		04/27/10	X										
	Rydex Int Tr Index Fund		X	08/04/10		X									
	Rydex Int Tr Index Fund	X		08/08/10	X										
	Rydex Int Tr Index Fund		X	08/07/10		X									
	Salesforce Com Inc	X		10/13/10	X										
	Salesforce Com Inc		X	11/09/10	X										
	Salesforce Com Inc	X		12/27/10	X										
	Salesforce Com Inc	X		12/23/10	X										
	Sandvik Corp Inc	X		08/20/10	X										
	Sandvik Corp Inc		X	07/07/10	X										
	Sandvik Corp Inc	X		07/10/10	X										
	Sandvik Corp Inc		X	07/10/10	X										
	Sandvik Corp Inc	X		08/03/10	X										
	Sandvik Corp Inc		X	08/20/10	X										
	Sandridge Energy Inc	X		07/20/10	X										
	Sandridge Energy Inc	X		08/03/10	X										
	Sandridge Energy Inc		X	08/04/10	X										
	Sandridge Energy Inc		X	08/10/10	X										
	Small Avenite Spnd Atr	X		05/20/10	X										
	Small Avenite Spnd Atr		X	08/07/10	X										
	Seahamburger Ltd	X		08/15/10	X										
	Seahamburger Ltd		X	10/01/10	X										

SCHEDULE IV - TRANSACTIONS

Name: **Vernon G. Buchanan**

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

	SPDR Gold Trust			X			08/24/10	X																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

<p>Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.</p> <p>Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.</p>						Type of Transaction	Capital Gains in Excess of \$200?	Date	Amount of Transaction											
						PURCHASE	SALE	EXCHANGE		(MO/DAY/YR)	B	C	D	E	F	G	H	I	J	K
											\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
	Standards & Poor Dep Rpt	X				08/13/10						X								
	Standards & Poor Dep Rpt		X			08/13/10						X								
	Standards & Poor Dep Rpt	X				08/28/10					X									
	Standards & Poor Dep Rpt		X			08/28/10					X									
	Standards & Poor Dep Rpt	X				10/07/10						X								
	Standards & Poor Dep Rpt		X		X	10/14/10						X								
	Standards & Poor Dep Rpt	X				11/16/10						X								
	Standards & Poor Dep Rpt	X				12/03/10					X									
	Standards & Poor Dep Rpt	X				12/14/10					X									
	Standards & Poor Dep Rpt	X				08/12/10					X									
	State Street Corp		X			07/16/10					X									
	Starbucks Corp	X				04/28/10					X									
	Starbucks Corp		X			05/11/10					X									
	Sturm Ruger&Co Inc	X				08/08/10					X									
	Sturm Ruger&Co Inc		X		X	01/27/10					X									
	Sturm Ruger&Co Inc	X				03/18/10					X									
	Sturm Ruger&Co Inc					03/22/10					X									
	Sturm Ruger&Co Inc		X			03/28/10					X									
	Sturm Ruger&Co Inc		X			03/28/10					X									
	Sturm Ruger&Co Inc	X				08/28/10					X									
	Sturm Ruger&Co Inc		X		X	05/11/10					X									
	Suncor Energy Inc New		X			08/28/10					X									
	Supermedia Inc COM Stk	X				12/08/10					X									
	Supermedia Inc COM Stk	X				12/08/10					X									
	Supermedia Inc COM Stk		X		X	12/13/10					X									
	Supermedia Inc COM Stk		X		X	12/17/10					X									
	SWS Group Inc	X				08/18/10					X									
	SWS Group Inc		X			08/18/10					X									
	SWS Group Inc		X			08/18/10					X									
	Synovus Fint Corp Com	X				08/18/10					X									
	Synovus Fint Corp Com		X		X	03/28/10					X									
	Target Corp Com	X				08/01/10					X									
	Target Corp Com		X																	

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

[illegible]

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

[illegible]

SCHEDULE IV - TRANSACTIONS

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule D.

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

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Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

SCHEDULE IV - TRANSACTIONS

Name: **Vernon G. Buchanan**

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule 111.

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.		Type of Transaction			Capital Gain in Excess of \$200?	Date	Amount of Transaction										
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B	C	D	E	F	G	H	I	J	K		
						\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001-250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000		
SP	CVS Caremark Corp		X			08/07/10	X										
SP	CVS Caremark Corp	X				10/14/10	X										
SP	CVS Caremark Corp		X			10/18/10	X										
SP	Deinter A	X				03/10/10	X										
SP	Deinter A	X				04/23/10	X										
SP	Deinter A		X		X	04/23/10	X										
SP	DB US Dollar Bullish	X				01/04/10	X										
SP	DB US Dollar Bullish	X				01/07/10	X										
SP	DB US Dollar Bullish		X			01/12/10		X									
SP	DB US Dollar Bullish		X			01/20/10		X									
SP	DB US Dollar Bullish	X				01/27/10		X									
SP	DB US Dollar Bullish	X				01/28/10	X										
SP	DB US Dollar Bullish	X				01/28/10	X										
SP	DB US Dollar Bullish		X			02/08/10		X									
SP	DB US Dollar Bullish	X				02/17/10		X									
SP	DB US Dollar Bullish		X			02/11/10			X								
SP	DB US Dollar Bullish		X			02/28/10		X									
SP	DB US Dollar Bullish		X			03/03/10	X										
SP	DB US Dollar Bullish		X			03/03/10	X										
SP	DB US Dollar Bullish	X				03/11/10		X									
SP	DB US Dollar Bullish		X			03/11/10		X									
SP	DB US Dollar Bullish		X			03/09/10		X									
SP	DB US Dollar Bullish	X				03/28/10		X									
SP	DB US Dollar Bullish	X				03/28/10	X										
SP	DB US Dollar Bullish		X			03/11/10		X									
SP	DB US Dollar Bullish		X			03/09/10	X										
SP	DB US Dollar Bullish		X			03/28/10		X									
SP	DB US Dollar Bullish	X				03/28/10		X									
SP	DB US Dollar Bullish		X			03/11/10		X									
SP	DB US Dollar Bullish		X			03/09/10		X									
SP	DB US Dollar Bullish		X			03/28/10		X									
SP	DB US Dollar Bullish	X				03/11/10		X									
SP	DB US Dollar Bullish	X				03/10/10	X										
SP	DB US Dollar Bullish		X			03/10/10		X									
SP	DB US Dollar Bullish		X			03/28/10		X									
SP	DB US Dollar Bullish		X			03/11/10		X									
SP	DB US Dollar Bullish		X			03/09/10		X									
SP	DB US Dollar Bullish		X			03/28/10		X									
SP	DB US Dollar Bullish	X				03/23/10		X									
SP	DB US Dollar Bullish		X			03/24/10	X										
SP	DB US Dollar Bullish	X				07/08/10	X										
SP	DB US Dollar Bullish		X			07/10/10		X									

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule M.

[illegible]

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

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			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B	C	D	E	F	G	H	I	J	K		
							\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001-250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000		
SP	Elements Rogers Agric Tr		X				09/03/10	X										
SP	Elements Rogers Agric Tr		X				02/11/10	X										
SP	Elements Rogers Agric Tr	X					03/18/10	X										
SP	Elements Rogers Agric Tr		X				08/11/10	X										
SP	Emerging Global Shares	X					11/04/10	X										
SP	Emerging Global Shares		X				12/28/10	X										
SP	Emerging Global Shares		X				12/28/10	X										
SP	Energy Transfer Pows LP	X					01/08/10	X										
SP	Energy Transfer Pows LP		X				02/23/10	X										
SP	Energy Transfer Pows LP		X				04/12/10	X										
SP	Express Scripts Inc Com	X					12/13/10	X										
SP	Exxon Mobile Corp	X					03/08/10	X										
SP	Exxon Mobile Corp		X				03/10/10	X										
SP	Exxon Mobile Corp	X					03/18/10	X										
SP	Exxon Mobile Corp	X					03/17/10	X										
SP	Exxon Mobile Corp		X				05/03/10	X	X									
SP	Exxon Mobile Corp	X					06/12/10		X									
SP	Exxon Mobile Corp		X				06/28/10	X										
SP	Exxon Mobile Corp	X					08/03/10	X										
SP	Exxon Mobile Corp		X				07/16/10	X										
SP	Exxon Mobile Corp	X					12/08/10	X										
SP	Federated Investors B	X					04/28/10	X										
SP	Federated Investors B		X				08/11/10	X										
SP	Federated Prudent Bear	X					01/12/10		X									
SP	Federated Prudent Bear		X				04/23/10		X									
SP	Federated Prudent Bear	X					02/23/10	X										
SP	Federated Prudent Bear	X					08/28/10		X									
SP	Federated Prudent Bear	X					08/04/10		X									
SP	Federated Prudent Bear	X					08/07/10		X									
SP	Federated Prudent Bear	X					07/08/10	X										
SP	Federated Prudent Bear		X				07/23/10		X									
SP	Federated Prudent Bear		X				08/21/10		X									
SP	Federated Prudent Bear		X				08/24/10		X									
SP	Finish Line Inc CL A	X					08/08/10	X										
SP	Finish Line Inc CL A		X				08/11/10	X										
SP	First Solar Inc	X					10/13/10	X										
SP	First Solar Inc		X				10/13/10	X										
SP	First Solar Inc		X			X	10/16/10	X										
SP	Firstenergy Corp	X					02/24/10	X										

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule (II).

[illegible]

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule (I).

[illegible]

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

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		PURCHASE	SALE	EXCHANGE			(MO/DAY/YR)	B \$1,001 - \$15,000	C \$15,001 - \$50,000	D \$50,001 - \$100,000	E \$100,001-250,000	F \$250,001-\$500,000	G \$500,001-\$1,000,000	H \$1,000,001-\$5,000,000	I \$5,000,001-\$25,000,000	J \$25,000,001-\$50,000,000	K Over \$50,000,000
SP	Materials Select Sector	X					07/23/10	X									
SP	Materials Select Sector		X				08/11/10	X									
SP	Mathews Asia Dividend		X			X	04/28/10	X									
SP	Mathews Asia Dividend		X			X	05/28/10	X									
SP	Mathews Asia Fund	X					10/01/10	X									
SP	McDonalds Corp	X					04/01/10	X									
SP	McDonalds Corp		X				08/01/10	X									
SP	McDonalds Corp	X					10/22/10	X									
SP	McDonalds Corp		X				10/27/10	X									
SP	McDonalds Corp		X				11/17/10	X									
SP	McDonalds Corp	X					12/23/10	X									
SP	Medco Health Solutions	X					07/28/10	X									
SP	Medco Health Solutions		X				07/28/10	X									
SP	Medco Health Solutions		X				08/08/10	X									
SP	Medco Health Solutions	X					08/20/10	X									
SP	Medco Health Solutions		X			X	08/28/10		X								
SP	Medco Health Solutions	X					11/03/10	X									
SP	Medco Health Solutions		X			X	11/03/10	X									
SP	Medtronic Inc Gen	X					12/28/10	X									
SP	MFS Diversified Income	X					08/24/10		X								
SP	Moran Technology Inc	X					10/08/10	X									
SP	Moran Technology Inc		X				11/18/10	X									
SP	Moran Technology Inc		X				12/01/10	X									
SP	Microsoft Corp		X			X	01/12/10	X									
SP	Microsoft Corp	X					04/08/10	X									
SP	Microsoft Corp		X			X	04/16/10	X									
SP	Microsoft Corp	X					07/21/10	X									
SP	Microsoft Corp		X				07/30/10	X									
SP	Microsoft Corp	X					08/10/10	X									
SP	Microsoft Corp		X				08/24/10	X									
SP	Microsoft Corp	X					08/24/10		X								
SP	Microsoft Corp		X			X	08/13/10	X									
SP	Microsoft Corp		X			X	10/28/10	X									
SP	Microsoft Corp	X					08/13/10	X									
SP	Microsoft Corp		X				11/03/10	X									
SP	Microsoft Corp	X					11/17/10	X									
SP	Microsoft Corp	X					11/03/10	X									
SP	Microsoft Corp		X				12/03/10	X									
SP	Microsoft Corp		X			X	12/13/10	X									
SP	Microsoft Corp		X			X	12/27/10	X									

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule M.

[illegible]

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule M1.

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule H.

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule M.

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule H.

SCHEDULE IV - TRANSACTIONS

Name: Vernon G. Buchanan

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains - If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

[illegible]

SCHEDULE V - LIABILITIES

Name: Vernon G. Buchanan

Page 1 of 1

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B	C	D	E	F	G	H	I	J	K	
			\$10,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X							
	Regions Bank - Sarasota, FL	Mortgage on 130 N. Tamiami Trail, LLC							X				
	Seaside Bank (brand of Whitney Nat'l Bank) - Sarasota, FL	Mortgage on 6430 Hollywood Blvd., LLC							X				
	Seaside Bank, FL (TRBFRD FR SunTrust Bank)	Mortgage on 888, LLC - 435 N. Washington, Sarasota, FL				X							
	Marshall & Haley Bank - Sarasota, FL (1000 Mgmt Co)	Acquisition on 1000 Management, LLC - Sarasota & SunCoast							X				
	Regions Bank - Sarasota, FL	Mortgage on Buchanan Automotive Holdings, Inc.							X				
	SunTrust Bank, Sarasota, FL #1 (combined w/182)	Mortgage on Five Points Residential Investments, LLC							X				
	Wachovia - Sarasota, FL	Acquisition of 600 LLC					X						
	Regions Bank	Mortgage on Broward Yacht, V.B. Motor Yacht, LLC							X				
	SunTrust Bank, Sarasota, FL (#1)	Line of Credit - Various projects								X			
	Bank of America, Sarasota, FL	Line of Credit - Elk City, SunCoast Ford, Real Estate							X				
	Wachovia Bank, Sarasota, FL	Mortgage Jamett Properties, LLC								X			
	SunTrust Leasing - Baltimore, MD	Purchase of King Air 350, Aircraft Holding & Leasing, LLC							X				
	SunTrust Leasing - Baltimore, MD	Purchase of Lear Jet, Aircraft Holding & Leasing, LLC								X			
	SunTrust Leasing - Baltimore, MD	Purchase of Embraer Phenom, Aircraft Holding & Leasing, LLC							X				
	M&J Marshall & Haley Bank, Sarasota, FL	Line of Credit - Real Estate Projects / SunCoast Ford						X					
	Regions Bank (1000 Management Co)	6430 Hollywood & Premier Kls							X				
	Wachovia Bank, Sarasota, FL	HEL - 530 Bowaprk						X					

SCHEDULE VI - GIFTS	Name: Vernon G. Buchanan	Page 1 of 1
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Name: Vernon G. Buchanan

Page 1 of 1

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards to \$335 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

[illegible]

Use additional sheets if more space is required

SCHEDULE VII -Travel Payments & Reimbursements

Name: Vernon G. Buchanan **Page** 1 of 1

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source		Dates(s)	City of Departure - Destination - City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days NOT at Sponsor's Expense
Example:	Chicago Chamber of Commerce	Mar. 2	DC - Chicago - DC	N	N	N	None
	Roycroft Corporation	Aug 6-11	DC - Los Angeles - Cleveland	Y	Y	Y	2 days

NONE

[illegible]

Use additional sheets if more space is required

SCHEDULE VIII - POSITIONS**Name: Vernon G. Buchanan****Page 1 of 1**

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule 1; positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature.

Position	Name of Organization
Partner	1090, LC dba Venice Nissan - Venice Dodge
Partner	Sarasota 500, LLC dba Sarasota Ford
Partner	10-2002, LLC dba SunCoast Ford
Partner	10-3003, LLC dba SunCoast Mitsubishi
Partner	600, LLC dba Space Coast Honda
President	Auto Central Services, Inc.
President	Auto Liquidators of SW FL., Inc.
President	Buchanan Automotive Holdings, Inc.
President	First Capital Corporation, Inc.
Partner	Graham Construction, LLP
President	Jamatt Financial, Inc.
President	Jamatt Realty, Inc.
President	Aircraft Holding and Leasing, LLC
President	Sarasota-Bradenton Aviation, Inc.
President	V.B. Motor Yachts, LLC
President	V.B. Cruise Charters, LLC
President	Buchanan Reinsurance, Inc.
Partner	Speed-Wing Investment Co.
Partner	Buchanan Farms, Inc.
Partner	V. B. Investments, Inc.
Partner	130 North Tamiami Trail, LLC
President	996, Inc.
Partner	Buchanan Investment Co., L.P.
Partner	Georgetown Properties, LLC
President	6430 Hollywood Blvd., LLC
Partner	Five Points Residential Investments, LLC
President	Jamatt Properties, LLC
Partner	Creekwood Hotel, LLC - Bradenton, FL
Partner	High Aspen Ranch Holdings, LLC - Colorado
President	Orange Park, LLC
Partner	MB Acquisition and Leasing, LLC
President	VB Investments of Delaware, LLC
Partner	301 Oxford, LLC
Partner	High Aspen Florida, LLC

SCHEDULE IX - AGREEMENTS	Name: Vernon G. Buchanan Page 1 of 1
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Name: Vernon G. Buchanan Page 1 of 1

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

[illegible]

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT
FORM A Page 1 of 24
 For use by Members, officers, and employees

2011 MAY 13 AM 11:47

RECEIVED THE CLERK
U.S. HOUSE OF REPRESENTATIVES**HAND DELIVERED**

CONNIE MACK

202-225-2536

(Full Name)

(Daytime Telephone)

(Office Use Only)

Filer
Status
☒ Member of the U.S.
House of Representative

 State: FL
 District 14

☐ Officer Or
Employee

Employing Office

 A \$200 penalty shall
 be assessed
 against anyone who
 files more than 30
 days late.
Report
Type
☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTION

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTION

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE 1 - EARNED INCOME

Name CONNIE MACK

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
JPMORGAN CHASE BANK NA TEFRA	SPOUSE PENSION	\$6,024

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name CONNIE MACK

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BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or	Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
WESTERFIELD SCOTCH, LLC RENTAL PROPERTY IN COLORADO PARTNER SHARE 16.67%	\$1 - \$1,000	NONE	NONE	P
SP WESTERFIELD SCOTCH, LLC RENTAL PROPERTY IN COLORADO PARTNER SHARE 16.67%	\$50,001 - \$100,000	NONE	NONE	P
SP BONO COLLECTION TRUST	\$250,001 - \$500,000	ROYALTIES & INTEREST	\$100,001 - \$1,000,000	
SP SOUND EXCHANGE, INC	INDEFINITE	ROYALTIES	\$1,001 - \$2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name CONNIE MACK

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SP	WARNER MUSIC, INC	INDEFINITE	ROYALTIES	\$5,001 - \$15,000	
SP	FILM PAYMENT SERVICES, INC	INDEFINITE	ROYALTIES	\$1 - \$200	
SP	UNION BANK OF CALIFORNIA	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	MERRILL LYNCH-CMA MONEY FUND	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	MERRILL LYNCH-CMA ACCOUNT	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	CALIFORNIA ST JUL08 03.500% AUG01 13	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	P
SP	CALIFORNIA ST NOV07 03.800% NOV01 14	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
SP	CALIFORNIA ST VAR PURP APR09 05.000% APR01 15	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	PS(part)
SP	CALIFORNIA ST NOV03 05.250% NOV01 19	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
SP	CALIFORNIA ST SEP05 05.000% AUG01 20	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
SP	LOS ANGELES CALIF UNI SCH DIST CTFS PARTN A RF JAN10 05.000% DEC01 16	NONE	INTEREST/CAPITAL GAINS	\$1,001 - \$2,500	PS
SP	LOS ANGELES CO CA CTFS PARTN A OID	NONE	INTEREST/CAPITAL GAIN	\$1,001 - \$2,500	S
SP	SAN FRAN CA CY-CO PUB	NONE	INTEREST/CAPITAL GAINS	\$1,001 - \$2,500	S
SP	AFLAC INC COM	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1,001 - \$2,500	S(part)

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name CONNIE MACK

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SP	AMAZON COM INC	\$1,001 - \$15,000	NONE	NONE	P
SP	APPLE INC	\$1,001 - \$15,000	CAPITAL GAINS	\$2,501 - \$5,000	S(part)
SP	BECTON DICKINSON CO	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	S(part)
SP	CATERPILLAR INC DEL	\$1,001 - \$15,000	DIVIDENDS/CAP ITALGAINS	\$1,001 - \$2,500	S(part)
SP	CISCO SYSTEMS INC COM	\$1,001 - \$15,000	NONE	NONE	S(part)
SP	CLIFFS NATURAL RESOURCES INC	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	PS(part)
SP	CONOCOPHILLIPS	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	PS(part)
SP	COSTCO WHOLESALE CRP DEL	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$1,001 - \$2,500	PS(part)
SP	DISNEY (WALT) CO COM STK	\$1,001 - \$15,000	NONE	NONE	PS(part)
SP	DEVON ENERGY CORP NEW	NONE	DIVIDENDS/CAP ITAL GAINS	\$201 - \$1,000	S
SP	EMERSON ELEC CO	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$1,001 - \$2,500	S(part)
SP	FIRST SOLAR INC	\$1,001 - \$15,000	NONE	NONE	PS(part)
SP	GENERAL MILLS	NONE	DIVIDENDS/CAP ITAL GAINS	\$1,001 - \$2,500	S
SP	GOOGLE INC CL A	\$1,001 - \$15,000	NONE	NONE	PS(part)

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name CONNIE MACK

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SP	HCP INC	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$201 - \$1,000	PS(part)
SP	JPMORGAN CHASE & CO	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	PS(part)
SP	JOHNSON AND JOHNSON COM	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$201 - \$1,000	PS(part)
SP	MCDONALDS CORP COM	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$201 - \$1,000	S(part)
SP	MICROSOFT CORP	\$1,001 - \$15,000	NONE	NONE	P
SP	ORACLE CORP \$0.01 DEL	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	PS(part)
SP	PEABODY ENERGY CORP COM	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$1,001 - \$2,500	S(part)
SP	PG&E CORP	NONE	DIVIDENDS/CAP ITAL GAINS	\$1,001 - \$2,500	S
SP	PRAXAIR INC	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$201 - \$1,000	PS(part)
SP	PROCTER & GAMBLE	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	S(part)
SP	SANDISK CORP INC	\$1,001 - \$15,000	NONE	NONE	PS(part)
SP	SCHLUMBERGER LTD	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	PS(part)
SP	TARGET CORP COM	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	S(part)
SP	3M COMPANY	NONE	DIVIDENDS/CAP ITAL GAINS	\$1,001 - \$2,500	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name CONNIE MACK

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SP	UNITED PARCEL SVC CL B	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
SP	UNITED TECHS CORP COM	\$1,001 - \$15,000	NONE	NONE	P
SP	US BANCORP (NEW)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	PS(part)
SP	VERIZON COMMUNICATNS COM	NONE	DIVIDENDS	\$201 - \$1,000	S
SP	TRANSOCEAN LTD	NONE	CAPITAL GAINS	\$201 - \$1,000	S
SP	MERRILL LYNCH CMA-IRA	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	FEDERAL HOME LOAN BANK BONDS 04.625% OCT10 2012-IRA	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
SP	FEDERAL FARM CREDIT BANK NOTES 04.875% DEC16 2015-IRA	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
SP	FEDERAL FARM CREDIT BANK-IRA	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	P
SP	FEDERAL HOME LOAN BANK BONDS 04.750% DEC 16 2016-IRA	NONE	CAPITAL GAINS	\$2,501 - \$5,000	S
SP	FEDERAL HOME LOAN BANK BONDS 05.375% MAY 18 2016-IRA	NONE	CAPITAL GAINS	\$201 - \$1,000	PS
SP	FEDERAL HOME LOAN BANK BONDS 04.625% FEB 18 2011-IRA	NONE	CAPITAL GAINS	\$201 - \$1,000	S
SP	JPMORGAN CHASE & CO- IRA	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name CONNIE MACK

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SP	AFLAC INC COM-IRA	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$201 - \$1,000	S(part)
SP	AMAZON COM INC-IRA	\$1,001 - \$15,000	NONE	NONE	P
SP	APPLE INC-IRA	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	S(part)
SP	BECTON DICKINSON CO-IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	CATERPILLAR INC DEL-IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	S(part)
SP	CISCO SYSTEMS INC COM- IRA	\$1,001 - \$15,000	NONE	NONE	
SP	CLIFFS NATURAL RESOURCES-IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
SP	CONOCOPHILLIPS-IRA	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	P
SP	COSTCO WHOLESALE CRP DEL-IRA	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$1,001 - \$2,500	S(part)
SP	DISNEY (WALT) CO COM STK-IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
SP	EMERSON ELEC CO-IRA	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$201 - \$1,000	S(part)
SP	FIRST SOLAR INC- IRA	\$1,001 - \$15,000	NONE	NONE	P
SP	GOOGLE INC CL A-IRA	\$1,001 - \$15,000	NONE	NONE	P
SP	HCP INC-IRA	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$201 - \$1,000	PS(part)

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name CONNIE MACK

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SP	JOHNSON AND JOHNSON COM-IRA	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	P(part)
SP	JPMORGAN CHASE & CO- IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P(part)
SP	MCDONALDS CORP COM- IRA	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	MICROSOFT CORP-IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
SP	ORACLE CORP \$0.01 DEL- IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
SP	PEABODY ENERGY CORP COM-IRA	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$201 - \$1,000	S(part)
SP	PRAXAIR INC-IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
SP	PROCTER & GAMBLE CO- IRA	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	SANDISK CORP INC-IRA	\$1,001 - \$15,000	NONE	NONE	P
SP	SCHLUMBERGER LTD-IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
SP	TARGET CORP COM-IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	UNITED PARCEL SVC CL B- IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
SP	UNITED TECHS COM-IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
SP	US BANCORP (NEW)-IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name CONNIE MACK

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SP	3M COMPANY-IRA	NONE	CAPITAL GAINS	\$201 - \$1,000	S
SP	PG&E CORP-IRA	NONE	CAPITAL GAINS	\$201 - \$1,000	S
SP	EXXON MOBIL CORP COM- IRA	NONE	CAPITAL GAINS	\$201 - \$1,000	S
SP	GENERAL MILLS INC-IRA	NONE	CAPITAL GAINS	\$1,001 - \$2,500	S
SP	TRANSOCEAN LTD-IRA	NONE	CAPITAL GAINS	\$201 - \$1,000	S

SCHEDULE IV - TRANSACTIONS

Name CONNIE MACK

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transactio
SP	CALIFORNIA ST JUL08 03.500% AUG01 13	P	N/A	12-10-10	\$15,001 - \$50,000
SP	CALIFORNIA ST VAR PURP APR09 05.00% APR01 15	P	N/A	01-21-10	\$15,001 - \$50,000
SP	LOS ANGELES CALIF UNI SCH DIST CTFS PARTN A RF JAN10 05.000% DEC01 16	P	N/A	01-20-10	\$50,001 - \$100,000
SP	AMAZON COM INC	P	N/A	12-14-10	\$1,001 - \$15,000
SP	CLIFFS NATURAL RESOURCES INC	P	N/A	08-18-10	\$1,001 - \$15,000
SP	CONOCOPHILLIPS	P	N/A	07-29-10	\$1,001 - \$15,000
SP	COSTCO WHOLESALE CRP DEL	P	N/A	01-07-10	\$1,001 - \$15,000
SP	DISNEY (WALT) CO COM STK	P	N/A	07-29-10	\$1,001 - \$15,000
SP	FIRST SOLAR INC	P	N/A	05-03-10	\$1,001 - \$15,000
SP	GOOGLE INC CL A	P	N/A	08-18-10	\$1,001 - \$15,000
SP	HCP INC	P	N/A	02-18-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name CONNIE MACK

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transactio
SP	JOHNSON AND JOHNSON COM	P	N/A	04-26-10	\$1,001 - \$15,000
SP	JPMORGAN CHASE & CO	P	N/A	11-22-10	\$1,001 - \$15,000
SP	MICROSOFT CORP	P	N/A	11-22-10	\$1,001 - \$15,000
SP	ORACLE CORP \$0.01 DEL	P	N/A	03-26-10	\$1,001 - \$15,000
SP	PRAXAIR INC	P	N/A	05-13-10	\$1,001 - \$15,000
SP	SANDISK CORP INC	P	N/A	06-15-10 10-15-10	\$1,001 - \$15,000
SP	SCHLUMBERGER LTD	P	N/A	06-15-10	\$1,001 - \$15,000
SP	UNITED PARCEL SVC CL B	P	N/A	09-14-10	\$1,001 - \$15,000
SP	UNITED TECHS CORP COM	P	N/A	12-14-10	\$1,001 - \$15,000
SP	US BANCORP (NEW)	P	N/A	04-21-10	\$1,001 - \$15,000
SP	CALIFORNIA ST VAR PURP APR09 05.000% APR01 15	S(part)	No	06-11-10	\$15,001 - \$50,000

SCHEDULE IV - TRANSACTIONS

Name CONNIE MACK

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain In Excess of \$200?	Date	Amount of Transactio
SP	LOS ANGELES CALIF UNI SCH DIST CTFS PARTN A RF JAN10 05.00% DEC 01 16	S	Yes	09-15-10	\$50,001 - \$100,000
SP	LOS ANGELES CO CA CTFS PARTN A OID	S	Yes	01-11-10	\$50,001 - \$100,000
SP	CALIFORNIA ST OID JUN00 05.000% JUN01 19	S	No	01-11-10	\$1,001 - \$15,000
SP	CALIFORNIA ST DPT WTR	S	No	01-11-10	\$1,001 - \$15,000
SP	SAN FRAN CA CY-CO PUB	S	Yes	01-11-10	\$15,001 - \$50,000
SP	ADOBE SYS DEL INC CL A	S	No	08-18-10	\$1,001 - \$15,000
SP	APOLLO GROUP INC CL A	S	No	01-07-10 02-18-10	\$1,001 - \$15,000
SP	AFLAC INC COM	S(part)	Yes	01-07-10 03-26-10 09-13-10 10-19-10	\$1,001 - \$15,000
SP	APPLE INC	S(part)	Yes	01-07-10 04-21-10 09-13-10 10-19-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name CONNIE MACK

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transactio
SP	BANK NEW YORK MELLON CORP	S	No	01-07-10 09-13-10 10-19-10 12-14-10	\$1,001 - \$15,000
SP	BAXTER INTERNTL INC	S	No	01-07-10 06-15-10	\$1,001 - \$15,000
SP	BECTON DICKINSON CO	S(part)	No	01-07-10 09-13-10 10-19-10	\$1,001 - \$15,000
SP	COSTCO WHOLESALE CRP DEL	S(part)	Yes	09-13-10 10-15-10 10-19-10	\$1,001 - \$15,000
SP	CONOCOPHILLIPS	S(part)	No	09-13-10 10-19-10	\$1,001 - \$15,000
SP	CATERPILLAR INC DEL	S(part)	Yes	01-07-10 04-26-10 09-13-10 10-19-10	\$1,001 - \$15,000
SP	CLIFFS NATURAL RESOURCES INC	S(part)	No	09-13-10 10-19-10	\$1,001 - \$15,000
SP	CISCO SYSTEMS INC COM	S(part)	No	01-07-10 09-13-10 10-19-10	\$1,001 - \$15,000
SP	DST SYSTEMS INC DEL	S	No	01-07-10 06-15-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name CONNIE MACK

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transactio
SP	DEVON ENERGY CORP NEW	S	Yes	01-07-10 03-26-10	\$1,001 - \$15,000
SP	DISNEY (WALT) CO COM STL	S(part)	No	09-13-10 10-19-10	\$1,001 - \$15,000
SP	EXXON MOBIL CORP COM	S	No	01-07-10 07-29-10	\$1,001 - \$15,000
SP	EMERSON ELEC CO	S(part)	Yes	01-07-10 07-29-10 09-13-10 10-19-10	\$1,001 - \$15,000
SP	FIRST SOLAR INC	S(part)	No	09-13-10 10-19-10	\$1,001 - \$15,000
SP	GENERAL MILLS	S	Yes	01-07-10 08-18-10	\$1,001 - \$15,000
SP	GOOGLE INC CL A	S(part)	No	09-13-10 10-19-10	\$1,001 - \$15,000
SP	HCP INC	S(part)	Yes	07-29-10 09-13-10 10-19-10	\$1,001 - \$15,000
SP	HEWLETT PACKARD CO DEL	S	No	01-07-10 09-13-10 10-19-10 11-22-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name CONNIE MACK

Page 16 of 24

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain In Excess of \$200?	Date	Amount of Transactio
SP	JPMORGAN CHASE & CO	S(part)	No	01-07-10 09-13-10 10-19-10	\$1,001 - \$15,000
SP	JOHNSON AND JOHNSON COM	S(part)	Yes	01-07-10 09-13-10 10-19-10	\$1,001 - \$15,000
SP	MONSANTO CO NEW DEL COM	S	No	01-07-10 05-13-10	\$1,001 - \$15,000
SP	MCDONALDS CORP COM	S(part)	Yes	01-07-10 09-13-10 10-19-10	\$1,001 - \$15,000
SP	ORACLE CORP \$0.01 DEL	S(part)	No	09-13-10 10-19-10	\$1,001 - \$15,000
SP	PG&E CORP	S	Yes	01-07-10 09-10-10	\$1,001 - \$15,000
SP	PEABODY ENERGY CORP COM	S(part)	Yes	01-07-10 09-13-10 10-19-10 11-22-10	\$1,001 - \$15,000
SP	PRAXAIR INC	S(part)	Yes	09-13-10 10-19-10	\$1,001 - \$15,000
SP	PROCTER & GAMBLE CO	S(part)	No	01-07-10 09-13-10 10-19-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name CONNIE MACK

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	SANDISK CORP INC	S(part)	No	09-13-10 10-19-10	\$1,001 - \$15,000
SP	SCHLUMBERGER LTD	S(part)	No	09-13-10 10-19-10	\$1,001 - \$15,000
SP	TARGET CORP COM	S(part)	No	01-07-10 09-13-10 10-19-10	\$1,001 - \$15,000
SP	3M COMPANY	S	Yes	01-07-10 09-13-10 10-19-10 12-14-10	\$1,001 - \$15,000
SP	TRANSOCEAN LTD	S	Yes	01-07-10 04-29-10	\$1,001 - \$15,000
SP	THERMO FISHER SCIENTIFIC	S	No	01-07-10 07-29-10	\$1,001 - \$15,000
SP	US BANCORP (NEW)	S(part)	No	09-13-10 10-19-10	\$1,001 - \$15,000
SP	VERIZON COMMUNICATNS COM	S	No	01-07-10 04-21-10	\$1,001 - \$15,000
SP	FEDERAL FARM CREDIT-IRA	P	N/A	01-12-10	\$15,001 - \$50,000
SP	JPMORGAN CHASE & CO-IRA	P	N/A	10-27-10	\$15,001 - \$50,000

SCHEDULE IV - TRANSACTIONS

Name CONNIE MACK

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Report all transactions involving the sale or disposition of property, including property, stocks, bonds, commodities, and any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transactio
SP	AMAZON COM INC-IRA	P	N/A	12-14-10	\$1,001 - \$15,000
SP	CLIFFS NATURAL RESOURCES INC-IRA	P	N/A	08-18-10 10-19-10	\$1,001 - \$15,000
SP	CONOCOPHILLIPS-IRA	P	N/A	07-29-10	\$1,001 - \$15,000
SP	DISNEY(WALT) CO COM STK- IRA	P	N/A	07-29-10	\$1,001 - \$15,000
SP	FIRST SOLAR INC-IRA	P	N/A	05-03-10 07-07-10	\$1,001 - \$15,000
SP	GOOGLE INC CL A-IRA	P	N/A	08-18-10	\$1,001 - \$15,000
SP	HCP INC-IRA	P	N/A	02-18-10 07-07-10	\$1,001 - \$15,000
SP	JOHNSON AND JOHNSON COM-IRA	P	N/A	04-26-10 07-07-10	\$1,001 - \$15,000
SP	JPMORGAN CHASE & CO-IRA	P	N/A	07-07-10 11-22-10	\$1,001 - \$15,000
SP	MICROSOFT CORP-IRA	P	N/A	11-22-10	\$1,001 - \$15,000
SP	ORACLE CORP \$0.01 DEL-IRA	P	N/A	03-26-10 07-07-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name CONNIE MACK

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Report all transactions, including those that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transactio
SP	PRAXAIR INC-IRA	P	N/A	05-13-10 07-07-10	\$1,001 - \$15,000
SP	SANDISK CORP INC-IRA	P	N/A	06-15-10 07-07-10 10-15-10	\$1,001 - \$15,000
SP	SCHLUMBERGER LTD -IRA	P	N/A	06-15-10 07-07-10	\$1,001 - \$15,000
SP	UNITED PARCEL SVC CL B-IRA	P	N/A	09-14-10	\$1,001 - \$15,000
SP	UNITED TECHS CORP COM-IRA	P	N/A	12-14-10	\$1,001 - \$15,000
SP	US BANCORP (NEW)-IRA	P	N/A	04-21-10 07-07-10	\$1,001 - \$15,000
SP	FEDERAL HOME LOAN BANK BONDS 05.375% MAY18 2016-IRA	P	N/A	04-06-10	\$1,001 - \$15,000
SP	BANK NEW YORK MELLON-IRA	S	No	12-14-10	\$1,001 - \$15,000
SP	3M COMPANY-IRA	S	Yes	12-14-10	\$1,001 - \$15,000
SP	HEWLETT PACKARD CO DE-IRA	S	No	11-22-10	\$1,001 - \$15,000
SP	PEABODY ENERGY CORP COM-IRA	S(part)	Yes	11-22-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name **CONNIE MACK**

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Report all sales, exchanges, and dispositions of capital assets, including the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	FEDERAL HOME LOAN BANK BONDS 04.75% DEC16 2016-IRA	S	Yes	10-27-10	\$15,001 - \$50,000
SP	COSTCO WHOLESALE CRP DEL-IRA	S(part)	Yes	10-15-10 10-19-10	\$1,001 - \$15,000
SP	FEDERAL HOME LOAN BANK BONDS 05.375% MAY18 2016-IRA	S(part)	Yes	10-27-10	\$1,001 - \$15,000
SP	PG&E CORP-IRA	S	Yes	09-10-10	\$1,001 - \$15,000
SP	ADOBE SYS DEL PV\$0.001-IRA	S	No	08-18-10	\$1,001 - \$15,000
SP	EXXON MOBIL CORP COM-IRA	S	Yes	07-29-10	\$1,001 - \$15,000
SP	EMERSON ELEC CO-IRA	S(part)	Yes	07-29-10	\$1,001 - \$15,000
SP	GENERAL MILLS-IRA	S	Yes	08-18-10	\$1,001 - \$15,000
SP	THERMO FISHER SCIENTIFIC-IRA	S	No	07-29-10	\$1,001 - \$15,000
SP	HCP INC-IRA	S(part)	Yes	07-29-10 10-19-10	\$1,001 - \$15,000
SP	BAXTER INTERNTL INC-IRA	S	No	06-15-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name CONNIE MACK

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<p> <small> This schedule reports transactions in stocks, bonds, commodities, and other assets and liabilities that are not reported on Schedules B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z, AA, AB, AC, AD, AE, AF, AG, AH, AI, AJ, AK, AL, AM, AN, AO, AP, AQ, AR, AS, AT, AU, AV, AW, AX, AY, AZ, BA, BB, BC, BD, BE, BF, BG, BH, BI, BJ, BK, BL, BM, BN, BO, BP, BQ, BR, BS, BT, BU, BV, BW, BX, BY, BZ, CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CY, CZ, DA, DB, DC, DD, DE, DF, DG, DH, DI, DJ, DK, DL, DM, DN, DO, DP, DQ, DR, DS, DT, DU, DV, DW, DX, DY, DZ, EA, EB, EC, ED, EE, EF, EG, EH, EI, EJ, EK, EL, EM, EN, EO, EP, EQ, ER, ES, ET, EU, EV, EW, EX, EY, EZ, FA, FB, FC, FD, FE, FF, FG, FH, FI, FJ, FK, FL, FM, FN, FO, FP, FQ, FR, FS, FT, FU, FV, FW, FX, FY, FZ, GA, GB, GC, GD, GE, GF, GG, GH, GI, GJ, GK, GL, GM, GN, GO, GP, GQ, GR, GS, GT, GU, GV, GW, GX, GY, GZ, HA, HB, HC, HD, HE, HF, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HQ, HR, HS, HT, HU, HV, HW, HX, HY, HZ, IA, IB, IC, ID, IE, IF, IG, IH, II, IJ, IK, IL, IM, IN, IO, IP, IQ, IR, IS, IT, IU, IV, IW, IX, IY, IZ, JA, JB, JC, JD, JE, JF, JG, JH, JI, JJ, JK, JL, JM, JN, JO, JP, JQ, JR, JS, JT, JU, JV, JW, JX, JY, JZ, KA, KB, KC, KD, KE, KF, KG, KH, KI, KJ, KK, KL, KM, KN, KO, KP, KQ, KR, KS, KT, KU, KV, KW, KX, KY, KZ, LA, LB, LC, LD, LE, LF, LG, LH, LI, LJ, LK, LL, LM, LN, LO, LP, LQ, LR, LS, LT, LU, LV, LW, LX, LY, LZ, MA, MB, MC, MD, ME, MF, MG, MH, MI, MJ, MK, ML, MM, MN, MO, MP, MQ, MR, MS, MT, MU, MV, MW, MX, MY, MZ, NA, NB, NC, ND, NE, NF, NG, NH, NI, NJ, NK, NL, NM, NN, NO, NP, NQ, NR, NS, NT, NU, NV, NW, NX, NY, NZ, OA, OB, OC, OD, OE, OF, OG, OH, OI, OJ, OK, OL, OM, ON, OO, OP, OQ, OR, OS, OT, OU, OV, OW, OX, OY, OZ, PA, PB, PC, PD, PE, PF, PG, PH, PI, PJ, PK, PL, PM, PN, PO, PP, PQ, PR, PS, PT, PU, PV, PW, PX, PY, PZ, QA, QB, QC, QD, QE, QF, QG, QH, QI, QJ, QK, QL, QM, QN, QO, QP, QQ, QR, QS, QT, QU, QV, QW, QX, QY, QZ, RA, RB, RC, RD, RE, RF, RG, RH, RI, RJ, RK, RL, RM, RN, RO, RP, RQ, RR, RS, RT, RU, RV, RW, RX, RY, RZ, SA, SB, SC, SD, SE, SF, SG, SH, SI, SJ, SK, SL, SM, SN, SO, SP, SQ, SR, SS, ST, SU, SV, SW, SX, SY, SZ, TA, TB, TC, TD, TE, TF, TG, TH, TI, TJ, TK, TL, TM, TN, TO, TP, TQ, TR, TS, TT, TU, TV, TW, TX, TY, TZ, UA, UB, UC, UD, UE, UF, UG, UH, UI, UJ, UK, UL, UM, UN, UO, UP, UQ, UR, US, UT, UU, UV, UW, UX, UY, UZ, VA, VB, VC, VD, VE, VF, VG, VH, VI, VJ, VK, VL, VM, VN, VO, VP, VQ, VR, VS, VT, VU, VV, VW, VX, VY, VZ, WA, WB, WC, WD, WE, WF, WG, WH, WI, WJ, WK, WL, WM, WN, WO, WP, WQ, WR, WS, WT, WU, WV, WW, WX, WY, WZ, XA, XB, XC, XD, XE, XF, XG, XH, XI, XJ, XK, XL, XM, XN, XO, XP, XQ, XR, XS, XT, XU, XV, XW, XX, XY, XZ, YA, YB, YC, YD, YE, YF, YG, YH, YI, YJ, YK, YL, YM, YN, YO, YP, YQ, YR, YS, YT, YU, YV, YW, YX, YY, YZ, ZA, ZB, ZC, ZD, ZE, ZF, ZG, ZH, ZI, ZJ, ZK, ZL, ZM, ZN, ZO, ZP, ZQ, ZR, ZS, ZT, ZU, ZV, ZW, ZX, ZY, ZZ </small> </p>					
SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	DST SYSTEMS INC DEL-IRA	S	No	06-15-10	\$1,001 - \$15,000
SP	MONSANTO CO NEW DEL COM-IRA	S	No	05-13-10	\$1,001 - \$15,000
SP	TRANSOCEAN LTD-IRA	S	Yes	04-29-10	\$1,001 - \$15,000
SP	APPLE INC-IRA	S(part)	Yes	04-21-10	\$1,001 - \$15,000
SP	CATERPILLAR INC DEL-IRA	S(part)	No	04-26-10	\$1,001 - \$15,000
SP	VERIZON COMMUNICATNS COM-IRA	S	No	04-21-10	\$1,001 - \$15,000
SP	AFLAC INC COM-IRA	S(part)	Yes	03-26-10 10-19-10	\$1,001 - \$15,000
SP	DEVON ENERGY CORP NEW-IRA	S	No	03-26-10	\$1,001 - \$15,000
SP	APOLLO GROUP INC CL A-IRA	S	No	02-18-10	\$1,001 - \$15,000
SP	FEDERAL HOME LOAN BANK BONDS 04.625% FEB 18 2011-IRA	S	Yes	01-11-10	\$15,001 - \$50,000
SP	FEDERAL HOME LOAN BANK BONDS 04.875% MAY14 2010-IRA	S	No	01-11-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name CONNIE MACK

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SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	WESTERFIELD SCOTCH, LLC	P	N/A	10-22-10	\$1,001 - \$15,000
SP	WESTERFIELD SCOTCH, LLC	P	N/A	10-22-10	\$50,001 - \$100,000

SCHEDULE V - LIABILITIES

Name CONNIE MACK

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dependent child. Mark the highest

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
SP	WELLS FARGO BANK, NA.	OCTOBER 2010	MORTGAGE ON RENTAL PROPERTY DURANGO, CO (WESTERFIELD SCOTCH, LLC)	\$250,001 - \$500,000

SCHEDULE VIII - POSITIONS

Name CONNIE MACK

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Name of Organization

WILSON FIELD SCOTCH, LLC

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A
 For use by Members, officers, and employees

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HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

MC 2011 MAY -4 PM 4:40
 OFFICE OF THE CLERK
 U.S. HOUSE OF REPRESENTATIVES

Name: **BILL POSEY**

Daytime Telephone: **(202) 225-3671**

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: FL District: 15	<input type="checkbox"/> Officer or Employee	Employing Office:
Report Type	<input checked="" type="checkbox"/> Annual (May 16, 2011)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

[illegible]

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC	Speech	Feb. 2, 2010	\$2,000
	XYZ Magazine	Article	Aug. 13, 2010	\$500
	NONE			

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BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	Transaction
Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividende, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividende, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	A B C D E F G H I J K L	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLEND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I II III IV V VI VII VIII IX X XI	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E
	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000	DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLEND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000	P, S, E
SP Mega Corp. Stock	X	X	X	S (partial)
DC Examples: Simon & Schuster	Indefinite	Royalties	X	
JT 1st Bank of Paducah, KY Accounts	X	X	X	
1004 BARON BLVD ROCKLEDGE, FL	X	X	X	
1824 S. FISKE BLVD ROCKLEDGE, FL	X	X	X	
1820 HUNTINGTON LN ROCKLEDGE, FL	X	X	X	
806 MYSTIC DR. # 310 (N.E.) CAPE CANAVERAL, FL	X	X	X	
SUNTROUT BANK	X	X	X	
WACHOVIA BANK	X	X	X	

For additional assets and unearned income, use next psge.

Continuation Sheet (if needed)

Bill Posey

Page 5 of 9[illegible]

SCHEDULE IV— TRANSACTIONS

Name Bill Posey

Page 6 of 9

Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., partial sale). See example below.

Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

Type of Transaction

PURCHASE
SALE
EXCHANGE

Check Box if Capital Gain Exceeded \$200

Date

(MO/DAY/YR)
or
Quarterly,
Monthly, or
Bi-weekly, if
applicable

Amount of Transaction

A	B	C	D	E	F	G	H	I	J
\$1,001-\$5,000	\$5,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000

SP, DC, JT

Asset

SP Example: Mega Corporation Common Stock (partial sale)

X

10-12-10

X

NONE

SCHEDULE V— LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability incurred Mo/Year	Type of Liability	Amount of Liability										
				A \$10,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X							
	CHASE FINANCIAL	MAR. 2006	MORTGAGE on 806 MYSTIC DR.				X							

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. **Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
<i>Example:</i> Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
NONE		

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

[illegible]

SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
PRESIDENT	POSEY & CO. TRACTORS - A FLORIDA CORP.
PRESIDENT-INACTIVE	ROCKLEDGE REALTY CORP - A FLORIDA CORP.

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
NONE		

**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

FORM A Page 1 of 5
For use by Members, officers, and employees

HAND DELIVERED

Ileana Ros-Lehtinen

202-225-3931

(Full Name)

(Daytime Telephone)

LEGISLATIVE RESOURCE CENTER

2011 MAY 13 PM 5:40

MC

U.S. HOUSE OF REPRESENTATIVES (Office Use Only)

Filer Status

☒ Member of the U.S. House of Representatives

State: FL
District: 18

☐ Officer Or Employee

Employing Office:

Report Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability more than \$10,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>Trusts--</p>	<p>Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Exemptions--</p>	<p>Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

SCHEDULE I - EARNED INCOME

Name Ileana Ros-Lehtinen

Page 2 of 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Dexter Lehtinen, Attorney at Law	Spouse's Law Practice	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Ileana Ros-Lehtinen

Page 3 of 5

BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>		<p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
JT	Bank Atlantic	\$1 - \$1,000	INTEREST	\$1 - \$200	
DC	Commercial Bank of Florida	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	Community Bank of Homestead	\$1,001 - \$15,000	Other: N/A	NONE	
	Community Bank of Homestead (2IRA's)	\$1,001 - \$15,000	Other: N/A	NONE	
SP	House Property on 9855 SW 138 Street, Miami, FL	\$250,001 - \$500,000	RENT	\$15,001 - \$50,000	
JT	Metro Bank	\$100,001 - \$250,000	INTEREST	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Ileana Ros-Lehtinen

Page 4 of 5

JT	Nokia Stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Rental House on 10780 S. Kendale Blvd, Miami, FL	\$250,001 - \$500,000	RENT	\$15,001 - \$50,000	

SCHEDULE IX - AGREEMENTS

Name Ileana Ros-Lehtinen

Page 5 of 5

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
1989	Florida State Retirement Plan	Continued participation in the Florida State Retirement Plan

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A

Page 1 of 2 LEGISLATIVE RESOURCE CENTER

For use by Members, officers, and employees

2011 MAY 16 PM 4:41

Theodore E. Deutch
 (Full Name)

202-225-3001
 (Daytime Telephone)

U.S. HOUSE OF REPRESENTATIVES

MC

HAND DELIVERED

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>FL</u> District: <u>19</u>	<input type="checkbox"/> Officer Or Employee	Employing Office:
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	Termination Date:	

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Theodore E. Deutch

Page 2 of 9

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Hillel of Broward and Palm Beach, Boca Raton, Florida	Spouse Salary	N/A
Broad and Cassel, Boca Raton, Florida (prior to House employment)	Salary	\$59,279.53
State of Florida, Tallahassee, Florida (prior to House employment)	Salary	\$8,701.60

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Theodore E. Deutch

Page 3 of 9

BLOCK A
Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or

BLOCK B
Year-End Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."

BLOCK C
Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.

BLOCK D
Amount of Income

For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

BLOCK E
Transaction

Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

	ARTIO INTERNATIONAL EQUITY FUND II CLASS I	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	P
	DFA EMERGING MARKETS CORE EQUITY PORTFOLIO	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	P
	DFA INTERNATIONAL CORE EQUITY	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	P
	DIMENSIONAL ADV US SMALL CAP VALUE PORTFOLIO	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	P
	FIDELITY CASH RESERVES	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
	ISHARES S&P MIDCAP 400/VALUE INDEX FUND	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Theodore E. Deutch

Page 4 of 9

	ISHARES TR RUSSELL 3000 INDEX	\$100,001 - \$250,000	DIVIDENDS	\$1,001 - \$2,500	P
	JP MORGAN STRATEGIC INCOME OPPORTUNITIES-SELECT	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	P
	JP MORGAN TAX AWARE REAL RETURN FUND INSTITUTIONAL	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
	LINCOLN FINANCIAL INSURANCE	\$15,001 - \$50,000	None	NONE	
	PIMCO REAL RETURN BOND INSTITUTIONAL CLASS	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
	PIMCO UNCONSTRAINED BD INSTITUTIONAL CLASS	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	P
	T ROWE PRICE SUMMIT MUNICIPAL INTERMEDIATE	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	P
	THORNBURG LTD TERM MUNICIPAL FUND CLASS I	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	P
	VANGUARD SHORT TERM TAX EXEMPT	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P

SCHEDULE IV - TRANSACTIONS

Name Theodore E. Deutch

Page 5 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	ABA/STATE STREET 401(K) STABLE ASSET RETURN FUND	S	No	7-13-10	\$15,001 - \$50,000
	ABA/STATE STREET ALL CAP INDEX EQUITY FUND	S	No	7-13-10	\$15,001 - \$50,000
	ABA/STATE STREET BOND CORE PLUS FUND	S	No	7-13-10	\$15,001 - \$50,000
	ABA/STATE STREET INTERNATIONAL ALL CAP EQUITY FUND	S	No	7-13-10	\$15,001 - \$50,000
	ABA/STATE STREET LARGE CAP EQUITY FUND	S	No	7-13-10	\$15,001 - \$50,000
	ABA/STATE STREET SMALL MID CAP EQUITY FUND	S	No	7-13-10	\$1,001 - \$15,000
	APPLE COMPUTER STOCK	S	Yes	8-4-10	\$15,001 - \$50,000
	ARTIO INTERNATIONAL EQUITY FUND II CLASS I	P	N/A	8-16-10	\$1,001 - \$15,000
	ARTIO INTERNATIONAL EQUITY FUND II CLASS I	S	No	9-27-10	\$1,001 - \$15,000
	ARTIO INTERNATIONAL EQUITY FUND II CLASS I	P	N/A	8-4-10	\$50,001 - \$100,000
	DFA EMERGING MARKETS CORE EQUITY PORTFOLIO	P	N/A	9-27-10	\$1,001 - \$15,000

SCHEDULE IV - TRANSACTIONS

Name Theodore E. Deutch

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	DFA EMERGING MARKETS CORE EQUITY PORTFOLIO	P	N/A	11-16-10	\$1,001 - \$15,000
	DFA INTERNATIONAL CORE EQUITY	S	No	11-16-10	\$1,001 - \$15,000
	DFA INTERNATIONAL CORE EQUITY	P	N/A	8-4-10	\$50,001 - \$100,000
	DIMENSIONAL ADV US SMALL CAP VALUE PORTFOLIO	S	No	11-16-10	\$1,001 - \$15,000
	DIMENSIONAL ADV US SMALL CAP VALUE PORTFOLIO	P	N/A	8-4-10	\$15,001 - \$50,000
	DISNEY STOCK	S	No	8-4-10	\$1,001 - \$15,000
	FIDELITY CASH RESERVES	P	N/A	8-10 THROUGH 12-10	\$1,001 - \$15,000
	FLORIDA RETIREMENT SYSTEM - FRS AGGRESSIVE BALANCED	S	No	7-13-10	\$1,001 - \$15,000
	FLORIDA RETIREMENT SYSTEM - FRS MODERATE BALANCED	S	No	7-13-10	\$1,001 - \$15,000
	HOME DEPOT STOCK	S	No	8-4-10	\$1,001 - \$15,000
	ISHARES S&P MIDCAP 400/VALUE INDEX FUND	P	N/A	8-4-10	\$15,001 - \$50,000

SCHEDULE IV - TRANSACTIONS

Name Theodore E. Deutch

Page 7 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	ISHARES TR RUSSELL 3000 INDEX	S	No	11-16-10	\$1,001 - \$15,000
	ISHARES TR RUSSELL 3000 INDEX	P	N/A	8-4-10	\$100,001 - \$250,000
	JP MORGAN STRATEGIC INCOME OPPORTUNITIES SELECT	P	N/A	11-16-10	\$1,001 - \$15,000
	JP MORGAN STRATEGIC INCOME OPPORTUNITIES-SELECT	P	N/A	9-27-10	\$1,001 - \$15,000
	JP MORGAN TAX AWARE REAL RETURN FUND INSTITUTIONAL	S	No	9-27-10	\$1,001 - \$15,000
	JP MORGAN TAX AWARE REAL RETURN FUND INSTITUTIONAL	P	N/A	8-4-10	\$1,001 - \$15,000
	PFIZER STOCK	S	No	8-4-10	\$1,001 - \$15,000
	PIMCO REAL RETURN BOND INSTITUTIONAL CLASS	P	N/A	8-4-10	\$15,001 - \$50,000
	PIMCO UNCONSTRAINED BD INSTITUTIONAL CLASS	P	N/A	9-27-10	\$1,001 - \$15,000
	PIMCO UNCONSTRAINED BOND INSTITUTIONAL CLASS	P	N/A	11-16-10	\$1,001 - \$15,000
	T ROWE PRICE SUMMIT MUNICIPAL INTERMEDIATE	P	N/A	8-4-10	\$15,001 - \$50,000

SCHEDULE IV - TRANSACTIONS

Name Theodore E. Deutch

Page 8 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	T ROWE PRICE SUMMIT MUNICIPAL INTERMEDIATE	S	No	9-27-10	\$1,001 - \$15,000
	T ROWE PRICE SUMMIT MUNICIPAL INTERMEDIATE	S	No	11-16-10	\$1,001 - \$15,000
	THORNBURG LTD TERM MUNICIPAL FUND CLASS I	P	N/A	8-4-10	\$1,001 - \$15,000
	THORNBURG LTD TERM MUNICIPAL FUND CLASS I	P	N/A	9-27-10	\$1,001 - \$15,000
	THORNBURG LTD TERM MUNICIPAL FUND CLASS I	P	N/A	11-16-10	\$15,001 - \$50,000
	VANGUARD SHORT TERM TAX EXEMPT	P	N/A	8-4-10	\$1,001 - \$15,000
	VANGUARD SHORT TERM TAX EXEMPT	S	No	9-27-10	\$1,001 - \$15,000
	VANGUARD SHORT TERM TAX EXEMPT	P	N/A	11-16-10	\$1,001 - \$15,000
	WALMART STOCK	S	No	8-4-10	\$15,001 - \$50,000

SCHEDULE VIII - POSITIONS

Name Theodore E. Deutch

Page 9 of 9

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Of Counsel	Broad and Cassel, Boca Raton, Florida (prior to House employment)
State Senator	State of Florida (prior to House employment)

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES		FORM A	Page 1 of 8
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT		For use by Members, officers, and employees	
Debbie Wasserman Schultz (Full Name)		202-225-7931 (Daytime Telephone)	201 MAY 13 AM 11:07 U.S. HOUSE OF REPRESENTATIVES (Office Use Only)
Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: FL District: 20	<input type="checkbox"/> Officer Or Employee	Employing Office: Termination Date:
Report Type	<input checked="" type="checkbox"/> Annual (May 15) <input type="checkbox"/> Amendment <input type="checkbox"/> Termination		A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.</p> <p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.</p> <p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.</p> <p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.</p> <p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.</p> <p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VII.</p> <p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.</p> <p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IX.</p> <p style="text-align: center;">Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>
---	--

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Debbie Wasserman Schultz

Page 2 of 8

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Community Bank of Broward	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Debbie Wesserman Schultz

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or more in a personal checking or	Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
SP 12500 shs JBI Common Stock	\$1,001 - \$15,000	None	NONE	
State of Florida Pension	See Sch IX	None	NONE	
DC 500shs Community Bank of Broward Common stock	\$1,001 - \$15,000	None	NONE	
SP 13584shs Community Bank of Broward Common stock	\$100,001 - \$250,000	None	NONE	
JT Community Bank of Broward-Checking A/C	\$1,001 - \$15,000	None	NONE	
SP 401K Retirement Fund JH Energy Fund	\$1,001 - \$15,000	None	NONE	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Debbie Wasserman Schultz

SP	401K Retirement Fund JH Mid-Cap Stock Fd	\$1,001 - \$15,000	None	NONE	P
SP	401K Retirement Fund JH Financial Services fund	\$1,001 - \$15,000	None	NONE	P
SP	401K Retirement Fund American Century Vista Fd	\$1,001 - \$15,000	None	NONE	P
SP	401K Retirement Fund JH Small Cap Growth Fund	\$1,001 - \$15,000	None	NONE	P
SP	401K Retirement Fund Inv Small Cap Gr Fd Formerly Aim small cap Gr Fd	\$1,001 - \$15,000	None	NONE	P
SP	401K Retirement Fund Franklin Small Mid-Growth Fund	\$1,001 - \$15,000	None	NONE	P

SCHEDULE IV - TRANSACTIONS

Name Debbie Wasserman Schultz

Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	401K Retirement Fund Aim Small Cap Growth Fund	P	N/A	4-15-10	\$1,001 - \$15,000
SP	401K Retirement Fund American Century Vista Fund	P	N/A	4-15-10	\$1,001 - \$15,000
SP	401K Retirement Fund Davis Financial	S	No	4-23-10	\$1,001 - \$15,000
SP	401K Retirement Fund Davis Financial Fund	P	N/A	4-15-10	\$1,001 - \$15,000
SP	401K Retirement Fund Franklin Small Mid Growth Fund	P	N/A	4-15-10	\$1,001 - \$15,000
SP	401K Retirement Fund JH Energy Fund	P	N/A	4-15-10	\$1,001 - \$15,000
SP	401K Retirement Fund JH Financial Services Fund	P	N/A	4-23-10	\$1,001 - \$15,000
SP	401K Retirement Fund JH Mid Cap Stock Fund	P	N/A	4-15-10	\$1,001 - \$15,000
SP	401K Retirement Fund JH Small Cap Growth Fund	P	N/A	4-15-10	\$1,001 - \$15,000
SP	401K Retirement Plan JH Money Market Fund	S	No	4-15-10	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

Name Debbie Wasserman Schultz

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	FIA	12/2010	Revolving Charge A/C	\$50,001 - \$100,000
JT	Wachovia Bank N A	12/2010	Revolving Charge A/C	\$15,001 - \$50,000
JT	Independent Bankers bank	05/2004	Personal Loan	\$100,001 - \$250,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Debbie Wasserman Schultz

Page 7 of 8

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Force-Facing Our Risk Of Cancer	Jun. 25- Jun. 27	DC-Orlando-Ft. Lauderdale	N	N	N	1 1/2 days

SCHEDULE IX - AGREEMENTS

Name Debbie Wasserman Schultz

Page 6 of 8

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
11-1-2004	State of Florida	Defined Benefit Pension Plan. Monthly retirement benefit at age 62 to be determined

☒ Original ☐ Amendment

U.S. House of Representatives
111th Congress

MEMBER / OFFICER
POST-TRAVEL DISCLOSURE FORM

LEGISLATIVE RESOURCE CENTER

2010 JUL -8 AM 10:13

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

This form is for disclosing the receipt of travel expenses from a private source for meetings, speaking engagements, fact-finding trips or similar events in connection with official duties. You need not disclose government-funded or political travel on this form, or travel that is unrelated to official duties. This form does not eliminate the need to report all privately-funded travel on the Member or officer's annual Financial Disclosure Statement. In accordance with clause 5 of House Rule 25, complete this form and file it with the Clerk of the House of Representatives, B-106 Cannon House Office Building, within 15 days after travel is completed. The Clerk is to make these forms available to the public as soon as possible after they are received.

1. Name of Traveler: Rep. Debbie Wasserman Schultz
2. a. Name of Accompanying Family Member (if any): _____
b. Relationship to Member/Officer: ☐ Spouse ☐ Child ☐ Other (specify): _____
3. a. Date of Departure and Date of Return: June 25, 2010 - June 27, 2010
b. Dates at personal expense (if any): June 26 (half-day) and June 27, 2010
4. Itinerary (cities of departure – destination – return): Washington, DC - Orlando, FL - Ft. Lauderdale, FL
5. Sponsor(s) (who paid for the trip): FORCE - Facing Our Risk of Cancer Empowered
6. Describe meetings and events attended (attach additional pages if necessary):
Spoke at the conference regarding the EARLY Act and issues of hereditary cancer addressed by the EARLY Act

7. Attached to this form are EACH of the following (signify that each item is attached by checking the corresponding box):

- a. ☒ the Private Sponsor Travel Certification Form completed by trip sponsor, including all attachments;
- b. ☒ the Traveler Form completed by the Member or officer; and
- c. ☒ the Committee on Standards' letter approving my participation on this trip.

8. a. I represent that I participated in each of the activities reflected in the sponsor's agenda. (Signify that statement is true by checking box): ☒
- b. If not, explain: _____

COPY

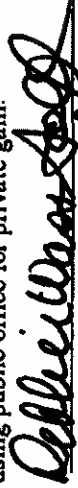
9. **TRIP EXPENSES:** Obtain actual dollar amounts from the sponsor. If exact dollar amounts are unavailable by the due date, provide a good faith estimate and file an amended form once the correct amounts are received.

	Total Transportation Expenses	Total Lodging Expenses	Total Meal Expenses
For Member or Officer:	\$330.70	0	0
For accompanying family member:	0	0	0

	Other Expenses (dollar amount)	Specific Nature of Expenses (e.g., taxi, parking, registration fee, etc.)
For Member or Officer:	0	0
For accompanying family member:	0	0

I certify that the information contained in this form is true, complete, and correct to the best of my knowledge. I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member or Officer of the U.S. House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE OF MEMBER:



DATE: July 8, 2010

**U.S. House of Representatives
Committee on Standards of Official Conduct**

**PRIVATELY SPONSORED TRAVEL: TRAVELER FORM
For Members, Officers, and Employees**

RECEIVED
2010 SEP 28
COMMITTEE ON STANDARDS OF OFFICIAL CONDUCT

This form should be completed by House Members, officers, or employees seeking Committee approval of privately-sponsored travel or reimbursement for travel under House Rule 25, clause 5. The completed form should be submitted directly to the Committee by each invited House Member, officer, or employee, together with the completed and signed Private Sponsor Travel Certification Form and any attachments. A copy of this form, minus this initial page, will be made available for public inspection. *Please type form. Form (and any attachments) may be faxed to the Committee at (202) 225-7392.*

YOUR COMPLETED REQUEST MUST BE SUBMITTED TO THE COMMITTEE NO LESS THAN 14 DAYS BEFORE YOUR PROPOSED DEPARTURE DATE. Absent exceptional circumstances, permission will not be granted for requests received less than 14 days before the trip commences.

Name of Traveler: Rep. Debbie Wasserman Schultz

I certify that the information contained on both pages of this form is true, complete, and correct to the best of my knowledge.

Signature: Debbie Wasserman Schultz

Name of Signatory (if other than traveler): _____

For staff, name of employing Member/Committee: _____

Office address: 118 Cannon House Office Building

Phone number: 202.225.7931

Email address of contact person: kate.houghton@mail.house.gov

- ☐ Check this box if the sponsoring entity is a media outlet and the traveler is a Member traveling to make a media appearance sponsored by that entity and these forms are being submitted to the Committee less than 14 days before the trip departure date.

NOTE: You must complete the contact information fields above, as Committee staff may need to contact you if additional information is required.

If there are any questions regarding this form please contact the Committee:

Committee on Standards of Official Conduct
U.S. House of Representatives
HT-2, The Capitol
Washington, DC 20515
(202) 225-7103 (phone)
(202) 225-7392 (fax)

U.S. House of Representatives
Committee on Standards of Official Conduct

PRIVATELY SPONSORED TRAVEL: TRAVELER FORM

1. Name of Traveler: Rep. Debbie Wasserman Schultz
2. Sponsor(s) (who will be paying for the trip): Facing Our Risk of Cancer Empowered (FORCE)
3. Travel destination(s): Washington, DC (following votes) -- Orlando, FL (event location) -- Ft. Lauderdale (location of home)
4. a. Date of Departure and Date of Return: Thursday, June 25 - Sunday, June 27
b. Will you be extending the trip at your personal expense? ☒ Yes ☐ No
If yes, dates at personal expense: Sunday, June 27
5. a. Will you be accompanied by a family member at the sponsor's expense? ☐ Yes ☒ No
b. If yes, name of accompanying family member: _____
c. Relationship to traveler: ☐ Spouse ☐ Child ☐ Other (specify): _____
6. a. Did the trip sponsor answer "yes" to Question 9(c) on the Trip Sponsor form (i.e., the travel is being sponsored by an entity that employs a lobbyist)? ☐ Yes ☒ No
b. If yes, check one of the following: ☐ N/A - Sponsor checked 9(a) or 9(b)
(1) Approval for one-night's lodging and meals is being requested: ☐ or
(2) Approval for two-nights' lodging and meals is being requested: ☐
If "(2)" is checked, explain why the second night is warranted: _____

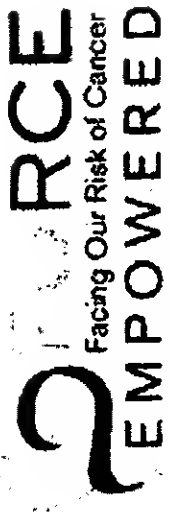
7. Private Sponsor Travel Certification Form is attached, including agenda, invitee list, and any other attachments (*indicate that form is attached by checking box*): ☒
8. Explain why participation in the trip is connected to your individual official or representational duties:
To speak about the EARLY Act (which became law in March 2010) and other legislation pertaining to hereditary cancer which is addressed in the EARLY Act.

9. **FOR STAFF:
TO BE COMPLETED BY YOUR EMPLOYING MEMBER:**

I hereby authorize the individual named above, an employee of the U.S. House of Representatives who works under my direct supervision, to accept expenses for the trip described in this request. I have determined that the above-described travel is in connection with my employee's official duties and that acceptance of these expenses will not create the appearance that the employee is using public office for private gain.

Date: _____ Signature of Employing Member _____

NOTE: This page must be submitted with your post-travel disclosure form within 15 days of your return, so you should maintain a photocopy of the completed form for your records.



Fax

To: Kate Houghton From: Sue Friedman
Fax: 202-226-2052 Pages: 4
Phone: Date: 4/6/10
Re: CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

U.S. House of Representatives
Committee on Standards of Official Conduct

PRIVATE SPONSOR TRAVEL CERTIFICATION FORM
(provide directly to each House invitee)

This form should be completed by private entities offering to provide travel or reimbursement for travel to House Members, officers, or employees under House Rule 25, clause 5. A completed copy of the form (and any attachments) should be provided to each invited House Member, officer, or employee, who will then forward it to the Committee together with a Traveler Form. The trip sponsor should NOT submit the form directly to the Committee. *You must answer every question on the form.*

1. Sponsor(s) (who will be paying for the trip): Facing Our Risk of Cancer Empowered

2. I represent that the trip will not be financed (in whole or in part) by a federally-registered lobbyist or a registered foreign agent (Signify that the statement is true by checking box): ☒ A

3. I represent that the trip sponsor(s) has not accepted from any other source funds earmarked directly or indirectly to finance any aspect of the trip (Signify that the statement is true by checking box): ☒ A

4. Is travel being offered to an accompanying family member of the House invitee(s)? ☐ Yes ☒ No

5. Provide names and titles of ALL House invitees; for each invitee, provide explanation of why the individual was invited (include additional pages if necessary): Schwartz Request letter Wasserman

Schwartz

6. Dates of travel: Event is June 26, 2018 she can take an early am flight or arrive the night before

7. Cities of departure - destination - return: FL - Lauderdale or Miami - Orlando

8. Attached is a detailed agenda of the activities taking place during the travel (i.e., an hourly description of planned activities) (Signify "yes" by checking box): ☒ A

9. I represent that (check one of the following):

a. The sponsor of the trip is an institution of higher education within the meaning of section 101 of the Higher Education Act of 1965: ☐ or ☒ or

b. The sponsor of the trip does not retain or employ a registered federal lobbyist or foreign agent: ☒ or

c. The sponsor employs or retains a registered federal lobbyist or foreign agent, but the trip is for attendance at a one-day event and lobbyist/foreign agent involvement in planning, organizing, requesting, or arranging the trip was *de minimis* under this Committee's travel regulations. ☐

10. If travel is for participation in a one-day event (i.e., if you checked Question 9(c)), check one of the following:

a. N/A - I checked 9(a) or (b) above: ☒ A

b. One-night's lodging and meals are being offered: ☒ or

c. Two-nights' lodging and meals are being offered: ☐
If "c" is checked, explain why the second night is warranted: _____

11. Check one:

- a. I represent that a federally-registered lobbyist or foreign agent will not accompany House Members or employees on any segment of the trip (Signify that the statement is true by checking box): ☒ or
- b. N/A - trip sponsor is an institution of higher education. ☐

12. Private sponsors must have a direct and immediate relationship to the purpose of the trip or location being visited. Describe the purpose of the trip and the role of each sponsor in organizing and conducting the trip:

FORCE will be presenting Representative Wasserman-Schulder with an award for her advocacy efforts in the passage of the Energy Act.

13. a. Describe the mode of travel (air, rail, bus, etc.). For air travel, also indicate the type of aircraft (commercial, charter, or privately owned) and class of travel (coach, business class, first class, etc.):

Coach - Air Force

- b. If travel will be first class or by chartered or private aircraft, provide an explanation describing why such travel is warranted:

14. I represent that the expenditures related to local area travel during the trip will be unrelated to personal or recreational activities of the invitee(s). (Signify that the statement is true by checking box): ☒

15. I represent that either (check one of the following):

- a. The trip involves an event that is arranged or organized without regard to congressional participation and that meals provided to congressional participants are similar to those provided to or purchased by other event attendees: ☒ or
- b. The trip involves events that are arranged specifically with regard to congressional participation: ☐
If "b" is checked, detail the cost per day of meals (approximate cost may be provided):

16. Reason for selecting the location of the event or trip:

This is the location of our annual conference

17. Name of hotel or other lodging facility:

Buena Vista Palace Resort and Spa

18. Cost per night of hotel or other lodging facility (approximate cost may be provided):

\$149/night

19. Reason(s) for selecting hotel or other lodging facility:

This is our conference hotel

20.

TOTAL EXPENSES FOR EACH PARTICIPANT

<input type="checkbox"/> actual amounts <input checked="" type="checkbox"/> good faith estimates	Total Transportation Expenses per Participant	Total Lodging Expenses per Participant	Total Meal Expenses per Participant
For each Member, Officer, or employee	\$ 250	\$149/night	\$60/day
For each accompanying family member			

Other Expenses (dollar amount)	Identify Specific Nature of "Other" Expenses (e.g., taxi, parking, registration fee, etc.)
For each Member, Officer, or employee	
For each accompanying family member	

21. I represent that all expenses connected to the trip will be for actual costs incurred and not a per diem or lump sum payment (signify that the statement is true by checking box): ☒

22. I certify that the information contained in this form is true, complete, and correct to the best of my knowledge.

Signature: *Sue Friedman*Name and title: Sue Friedman, Executive DirectorOrganization: Facing Our Risk of Cancer EmpoweredAddress: 16057 Tampa Palms Blvd. W. # 373, Tampa
33647Telephone number: 954-255-8733Fax number: 954-827-2200Email Address: sue.friedman@facingourrisk.org

The Committee staff may contact the above individual if additional information is required.

If there are any questions regarding this form please contact the Committee at the following address:

Committee on Standards of Official Conduct
U.S. House of Representatives
HT-2, The Capitol
Washington, DC 20515
(202) 225-7103 (phone)
(202) 225-7392 (general fax)

Version date 8/2008 by Committee on Standards of Official Conduct

Houghton, Kate

From: Sue Friedman [suefriedman@facingourrisk.org]
Sent: Friday, April 09, 2010 11:26 AM
To: Houghton, Kate
Subject: RE: Introductions and Representative Wasserman's travel
Attachments: 2010 with exhibiting times highlighted.doc; image002.jpg; image003.jpg

Hi Kate,

I've attached the agenda. We will be presenting the awards on Saturday, June 26 during the lunch. We will present several awards and the other recipients will say a few short words but we would really like the Congresswoman to speak for about 20 minutes if possible.

Thanks!

Warm regards,

Sue

Sue Friedman, DVM
Executive Director
FORCE: Facing Our Risk of Cancer Empowered
16057 Tampa Palms Blvd. W. #373
Tampa, FL 33647

<http://www.facingourrisk.org>

Ph: 954-255-8732

Fax: 954-827-2200

Toll-free (866) 288-7475

suefriedman@facingourrisk.org

Join us June 24-26 in Orlando, Florida for the 5th annual Joining FORCEs Conference—the largest annual conference by and for people and families facing hereditary cancer: www.facingourrisk.org/conference.

Agenda

Friday, June 25, 2010

<p>9:00 - 10:15 General Session I</p>					
<p>10:15 am - 11:00 am</p>					
<p>Breakout Session I 11:00 am - 12:30 pm</p>					
Room	Ireland A-B	Ireland C	Westminster	England	Diamond - Emerald
	How do I get motivated? Changing your lifestyle and diet Bob Wright	Finding Dr. Right Kathy Stellgo	Genetics 101 Rebecca Sutphen, MD	What's New for young previvors Mark Robson, MD	Dear Talula Documentary and discussion Lori Benson Ellen Matloff, CGC
					Networking: Ovarian cancer survivor networking Robin Zarel, MSW
<p>12:30 pm - 1:30</p>					
<p>Breakout Session II 1:30 pm - 3:00 pm</p>					
	BRCA in men Mary Daly, MD	Reconstruction options Kathy Steligo	Nonsurgical approaches to breast cancer risk management/surveillance Margaret Szabunlo, MD Victoria Seewaldt, MD	Focus on BRCA and triple-negative breast cancers Judy Garber, MD	In the Family Networking After surgery, now what? Karen Hurley, PhD
<p>3:00 - 4:00</p>					
<p>Breakout Session III 4:00 pm - 5:30 pm</p>					
	Does ovarian cancer start in the fallopian tubes? Does this affect screening and prevention? Noah Kauff, MD	Reaching out to underserved communities Tuya Pal, MD Susan Vadaparampil, PhD Chanita Hughes Halbert, PhD	Early menopause and hormones Carol Fabian, MD	New treatments for hereditary ovarian cancer Dr. Elise Kohn	Reconstruction panel Q & A 1 Scott Sullivan, MD Gerard Mosiello, MD Loren Eskenazi, MD Joshua Levine, MD
					Networking: Men's networking Paul Kredow, PsyD

Welcome-England/Ireland ABC

Sue Friedman, DVM | Tom Sellers, PhD | Rebecca Sutphen, MD | Christine Laronga, MD | Barbara Pfeiffer
Karen Hurley, PhD

Break

Networking Lunch - Great Hall North

Afternoon Break

Saturday June 26, 2009

Room	Ireland A-B	Ireland C	Westminster	England	Diamond-Emerald	Sapphire
7:30 am - 9:30 am	"Ask the experts" Roundtable and networking breakfast - Great Hall North					8:00 - 9:00 am Gentle Yoga JoEllen Warnke RN, BSN
Breakout Session IV 9:30 am - 11:00 am	Mastectomy options Christina Laronga, MD	Complementary and integrative medicine Diljeet Singh, MD	Exercise and fitness: the effects on cancer risk, recurrence, lymphedema, and health Kathryn Schmitz, PhD	Body Image and sexuality issues after surgery or cancer Sharon Bober, PhD	Networking: Young Women's Group Lauren Coyle, PsyD Allison Pollich	
11:00 am - 12:15 pm	Lunch—Great Hall North					
Breakout Session V 12:15 pm - 1:45 pm	Screening after surgery Eisle Levin, MD Robert Burger, MD	Turning passion into advocacy and action Barbara Pfeiffer Cheryl Jernigan, CPA, FACHE	Fertility options Jimmy Mayer, MD Kutluk Oktay, MD	Ovarian cancer prevention Diljeet Singh, MD	Reconstruction with implants: Sponsored by LifeCell	Networking: Parents of BRCA children Paul Kredow, PsyD Ziva Green-Kredow, MSEd
Breakout Session VI 1:45 pm - 3:15 pm	How do I decide? Making decisions surrounding hereditary cancer Karen Hurley, PhD, Ora Gordon, MD	Uninformative test results Rebecca Sutphen, MD	Diet and nutrition Nagi Kumar, PhD	Sharing risk with family members Ellen Matloff, CGC Lora Thompson, PhD	Reconstruction Panel Q & A 2 Hilton Becker, MD Richard Kline, MD Steven Davison, DDS, MD Andrew Salzberg, MD	BRCA and pancreatic cancer Mokenge Malafa, MD
3:15 - 4:00	Break					
General Session II 4:00 pm - 5:15 pm	Hereditary Cancer Research Updates: Steven Narod, MD Timothy Rebbeck, PhD Melinda Telli, MD					
5:15 pm - 5:50 pm	Conference Q & A Panel Rebecca Sutphen, Christine Laronga, Timothy Rebbeck, Melinda Telli, Steven Narod, Victoria Seewaldt, Robert Burger					
5:50 pm - 6:00 pm	Conference Closing					

ZOE LOFGREN, CALIFORNIA
CHAIR
BEN CHANDLER, KENTUCKY
G. K. BUTTERFIELD, NORTH CAROLINA
KATHY CASTOR, FLORIDA
PETER WELCH, VERMONT
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COUNSEL TO THE RANKING
REPUBLICAN MEMBER
SUITE HT-2, THE CAPITOL
(202) 225-7103

ONE HUNDRED ELEVENTH CONGRESS

U.S. House of Representatives

COMMITTEE ON STANDARDS OF
OFFICIAL CONDUCT

Washington, DC 20515-6328

June 17, 2010

The Honorable Debbie Wasserman Schultz
U.S. House of Representatives
118 Cannon House Office Building
Washington, DC 20515

Dear Colleague:

Pursuant to House Rule 25, clause 5(d)(2), the Committee on Standards of Official Conduct hereby approves your proposed trip to Orlando, Florida, scheduled for June 25 to 27, 2010, sponsored by Facing Our Risk of Cancer Empowered (FORCE). We note that this trip includes one day at your personal expense. We also note that you will be accepting one-way airfare from Washington, DC, to Orlando, Florida, and one night's lodging on June 25, 2010, and meals on June 25 and 26, 2010, from FORCE.

You must complete a Member Travel Disclosure Form and file it with the Clerk of the House within 15 days after your return from travel. As part of that filing, you are required to attach a copy of this letter and both the Private Sponsor Travel Certification Form (including attachments) and Member travel approval form you previously submitted to the Committee. You must also report all travel expenses totaling more than \$335 from a single source on Schedule VII of your annual Financial Disclosure Statement.

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-7103.



Zoe Lofgren
Chair

Sincerely,



Jo Bonner
Ranking Republican Member

ZL/JB:slo

Houghton, Kate

From: Pearson, Melissa E. [Melissa.Pearson@moffitt.org]
Sent: Thursday, July 08, 2010 9:58 AM
To: Houghton, Kate
Subject: FW: PLEASE REVIEW Invoice - DEBBIE WASSERMAN SCHULTZ traveling on 06/25/10
Attachments: MyTravelPlans.pdf

Kate,

Attached is a copy of the airline ticket with the price. This is the only expense the conference incurred.

Melissa Pearson

-----Original Message-----

From: American Express Business Travel [mailto:airweb@trondent.com]
Sent: Friday, June 25, 2010 9:38 AM
To: Pearson, Melissa E.
Subject: PLEASE REVIEW Invoice - DEBBIE WASSERMAN SCHULTZ traveling on 06/25/10

Thank you for choosing American Express Business Travel

IMPORTANT 24-HOUR NOTICE

Please check your travel details IMMEDIATELY to make sure they are correct.

IF YOUR TRAVEL ARRANGEMENTS ARE INCORRECT, please contact American Express at within 24 hours to avoid any associated fees.

Click on the link below to view your trip details.

<http://www.aeairweb.com/default.asp?uname=melissa.pearson@moffitt.org>

Amex Record Locator: FTLPDI
Traveler: DEBBIE WASSERMAN SCHULTZ

Invoice detail:
Ticket Number: A 050032
Ticket Amount: 295.70

This ticket information applies to the following itinerary:

Flight Information:

Reserved: SOUTHWEST AIRLINES 2874

Class: Economy

Seat: Unassigned

Departs: Baltimore Washington, MD - BWI

Date: Jun 25, 2010 Time: 6:05 PM

Arrives: Orlando Intl, FL - MCO

Date: Jun 25, 2010 Time: 8:25 PM

Airline Confirmation Numbers:

SOUTHWEST AIRLINES QD4QLX

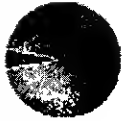
For First Time users, you will receive a SECOND email containing your temporary password. You will be prompted to change this password and answer a secret question when you access the site for the first time.

We are delighted to serve you. Have a pleasant trip.

American Express Business Travel

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AMERICAN EXPRESS® BUSINESS TRAVEL

Travel Arrangements for DEBBIE WASSERMAN SCHULTZ

Record Locator FTLPDI
Trip ID 10956714168
H LEE MOFFITT CANCER CENTER
12902 MAGNOLIA DRIVE
TAMPA, FL 33612
888-663-3488

Agent ID: VN

Invoice Details

Ticket Information

Ticket Number Ticketless Invoice Electronic
0501987 Yes

Billing Code 11121-6976S

Charges

Ticket Base Fare	265.12
Ticket Tax Fare	30.58
Total (USD) Ticket Amount	295.70
Transaction Fee	35.00
Airfare charged to American Express	
Billing Account:	AX XXXXXXXXXXXXXXX1003
Total	330.70

Travel Details

SOUTHWEST AIRLINESTICKETLESS-A

Friday June 25, 2010

Flight Information

Airline SOUTHWEST AIRLINES
Flight 2874
Origin Baltimore Washington, MD
Destination Orlando Intl, FL
Departing 8:05 PM
Arriving 8:25 PM

Seat Unassigned
Class Economy

Estimated time 2 hours 20 minutes
Distance 787 Miles
Meal Service No Meal Service
Plane Boeing 737-300

Travel Details

THANK YOU FOR CHOOSING AMERICAN EXPRESS

Saturday October 23, 2010

Airline Record Locators

Airline Reference QD4QLX
Carrier SOUTHWEST AIRLINES

Additional Messages

FOR CHANGES AND CANCELLATIONS CONTACT 800-872-9854
IF CALLING OUTSIDE US/CANADA PLEASE CALL 336-291-0102
AND USE CODE S-9FYA

SOUTHWEST CONFIRMATION QD4QLX
PLEASE REVIEW THIS ITINERARY/INVOICE. CHANGES OR
CANCELLATIONS MUST BE REPORTED TO AMERICAN EXPRESS



WITHIN 24 HOURS TO MINIMIZE/AVOID PENALTIES
A VALID GOVERNMENT ISSUED PHOTO ID IS REQUIRED.
PLEASE CHECK IN 90 MINUTES PRIOR TO DEPARTURE.
CONTACT THE ABOVE NUMBER FOR COMPLETE
TICKET RESTRICTIONS.
TICKETS MAY BE NON-REFUNDABLE, NON-ENDORSEABLE,
NON-CHANGEABLE OR REQUIRE ADVANCE NOTICE TO CHANGE,
SUBJECT TO PENALTY/TRANSACTION FEE, AND ONLY VALID ON
SAME CARRIER

ADVISORY Effective August 15, based on your itinerary, you may be subject to the U.S. Transportation Security
Administrations Secure Flight requirements to provide your name, date of birth and gender before the airline can issue your
boarding pass.

Liability Statement. American Express Travel Related Services Company, Inc. and its parent, subsidiaries, affiliates and representatives (collectively, "Amex") act as an agent for travel suppliers and you understand and agree that Amex shall not be liable for any loss, injury, expense or damage to persons or property resulting, directly or indirectly, from (1) the acts or omissions of travel suppliers, including but not limited to delays, overbookings, cancellation of services, cessation of operations, accidents or failures of equipment, or changes in fares, itineraries or schedules; or (2) acts of God, fires, earthquakes, floods, climatic aberrations, acts of governmental authorities, civil unrest, strikes, riots, theft, disease, accidents or failures related to the public internet, telecommunications lines or facilities, or third party technology systems, or any other cause beyond the control of Amex.

~~For customers purchasing travel from within the State of California:~~ Our California State Seller of Travel Registration Number is: 1022318-10. Upon cancellation of the transportation or travel services, where you, the customer, are not at fault and have not canceled in violation of the terms and conditions, if any, of the contract for transportation or travel services, all sums paid to American Express for services not received by you will be promptly refunded to you unless you otherwise advise American Express in writing, after cancellation. American Express is a participant in the California Travel Consumer Restitution Fund (the "Fund"). If you, the passenger, were located in California at the time of your purchase, you may request reimbursement from the Fund if you are owed a refund of more than \$50 for transportation or travel services which were not refunded in a timely manner by the seller of travel who was registered and participating in the Fund at the time of sale. The maximum amount which may be paid by the Fund to any one passenger is the total amount paid on behalf of the passenger to the seller of travel, not to exceed \$15,000. A claim must be submitted within six months after the scheduled completion date of the travel. A claim must include sufficient information and documentation to prove your claim and a \$35 processing fee. You must agree to waive your right to other civil remedies against a registered participating seller of travel for matters arising out of a sale for which you file a claim against the Fund. You may request a claim form by writing to: Travel Consumer Restitution Corporation, P.O. Box 6001, Larkspur, CA 94977-6001; or by faxing a request to: (415) 927-7698. Note: Sales transactions with customers located outside of California are not covered by the Fund and such customers are not eligible to file a claim against the Fund.

~~For customers purchasing travel from outside of California:~~ Transportation, lodging, meals, entertainment and all other services are sold to you to you either on a refundable or non-refundable basis. If all or part of the transportation or services are canceled by any person, we shall, within 2 working days of learning of the cancellation, request on your behalf that the service suppliers or wholesalers provide a refund of all sums sent them on your behalf. We shall send any refund received from the service suppliers or wholesalers to you within 2 working days after the refund received by us has cleared the bank.

~~For customers purchasing travel in the State of Washington:~~ Our Washington State Seller of Travel Registration Number is: UBI#600469694. If transportation or other services are canceled by the seller of travel, all sums paid to the seller of travel for services not performed in accordance with the contract between the seller of travel and the purchaser will be refunded within thirty days of receiving the funds from the vendor with whom the services were arranged, or if the funds were not sent to the vendor, the funds shall be returned within fourteen days after cancellation by the seller of travel to the purchaser unless the purchaser requests the seller of travel to apply the money to another travel product and/or date.

Cancellation and change penalties may apply to these arrangements. Details will be provided upon request.

Intermediary Disclosure. Amex helps manage your company's travel expenses and assists you in finding travel suppliers and making arrangements that meet your individual needs. We consider various factors in identifying travel suppliers and recommending specific itineraries. In this role, we are acting as an independent third party and not as a fiduciary. We want you to be aware that certain suppliers pay us commissions as well as incentives for reaching sales targets or other goals, and from time to time may also provide incentives to our travel counselors. Certain suppliers may also provide compensation to us for various marketing and administrative services that we perform for them, such as granting them access to our marketing channels, participating in marketing programs and supporting technology initiatives. In addition, we receive compensation from suppliers when customers use the American Express® Card or other American Express products to pay for supplier products and services. From time to time we may enter into other business relationships with suppliers and these arrangements, including levels and types of compensation and incentives we receive, are subject to change. In identifying suppliers and recommending itineraries, we may consider a number of factors, including supplier availability, your preferences, and any agreements we have to book travel in accordance with your company's travel policy. The relationships we have with suppliers may also influence the suppliers we identify and the itineraries we recommend.

Rhode Island Registration Number: ML#1192; Nevada Seller of Travel Registration No.: NV#2001-0128; Iowa: TA# 002 Registered Iowa Travel Agency

HAND DELIVERED**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT****FORM A** Page 1 of 7
For use by Members, officers, and employees

Mario Diaz-Balart

202-225-4211

(Full Name)

(Daytime Telephone)

LEGISLATIVE RESOURCE CENTER

2011 MAY -5 PM 3:16

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MC

**A \$200 penalty shall
be assessed against
anyone who files
more than 30 days
late.****Filer
Status**☒ Member of the U.S.
House of Representatives

State: FL

District: 21

☐ Officer Or
Employee

Employing Office:

**Report
Type**☒ Annual (May 15)☐ Amendment☐ Termination

Termination Date:

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VI.
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IX.
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Mario Diaz-Balart

Page 2 of 7

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Pizza Fusion, Ft. Lauderdale, Florida	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Mario Diaz-Balart

Page 3 of 7

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source	Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting threshold. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>	<p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
State of Florida Pension(not self directed)	Unknown	None	NONE	N/A

SCHEDULE V - LIABILITIES

Name Mario Diaz-Balart

Page 4 of 7

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	Citi Credit Card	January 2010	Credit Card	\$15,001 - \$50,000

SCHEDULE VI - GIFTS

Name Mario Diaz-Balart

Page 5 of 7

Report the source, a brief description, and the value of all gifts totaling more than \$335 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Americas Export Corporation, West Palm Beach, Florida	House Ethics Committee approved Legal Defense fund donation	\$5,000
Agro-Industrial Management, West Palm Beach, Florida	House Ethics Committee approved Legal Defense fund donation	\$5,000
Committee Supporting Utilities and Competitive Commerce, Tallahassee, Florida	House Ethics Committee approved Legal Defense fund donation	\$2,500
Citizens for Housing and Urban Growth, Tallahassee, Florida	House Ethics Committee approved Legal Defense fund donation	\$5,000
Florida Leadership Alliance, Tampa, Florida	House Ethics Committee approved Legal Defense fund donation	\$5,000
Mario Diaz-Balart for Congress, Miami, Florida	House Ethics Committee approved Legal Defense fund donation	\$5,000

SCHEDULE VIII - POSITIONS

Name Mario Diaz-Baiart

Page 6 of 7

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member(unpaid)	Congressional Hispanic Leadership Institute
Vice President(unpaid)	124 D Street Condominium Association

SCHEDULE IX - AGREEMENTS

Name Mario Diaz-Balart

Page 7 of 7

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
November 2002	State of Florida	Pension for service in State Legislature

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT		FORM A Page 1 of 6 For use by Members, officers, and employees	LEGISLATIVE RESOURCE CENTER 2011 MAY 16 AM 9:05 OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES
Allen Bernard West (Full Name)		202-225-3026 (Daytime Telephone)	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> HAND DELIVERED </div> <div style="margin-top: 10px; font-size: 1.5em; font-family: cursive;"> MC </div>
Filer Status <input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: FL District: 22 <input type="checkbox"/> Officer Or Employee		Employing Office:	
Report Type <input checked="" type="checkbox"/> Annual (May 15) <input type="checkbox"/> Amendment <input type="checkbox"/> Termination		Termination Date:	
A \$200 penalty shall be assessed against anyone who files more than 30 days late.			

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
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III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.
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EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Allen Bernard West

Page 2 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Calibre, Inc.	Salary	\$85,048
US Department of Defense	Military Pension	\$50,268
Raymond James Financial	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Allen Bernard West

Page 3 of 6

BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.		at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
Provide complete names of stocks and mutual funds (do not use ticker symbols.)					
For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.					
For rental or other real property held for investment, provide a complete address.					
For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.					
Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or					
DC	529 College Investment Fund - DC1	None	None	NONE	S
DC	529 College Investment Fund - DC2	\$15,001 - \$50,000	None	NONE	
SP	First Command Financial - Savings and Checking Account	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	First Command Financial Services - 401K/MAP Plan (with Aim Summit)	\$15,001 - \$50,000	None	NONE	
JT	First Command Financial Services Life Insurance	\$100,001 - \$250,000	None	NONE	
SP	Ford Motor Company	\$15,001 - \$50,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Allen Bernard West

Page 4 of 6

	Fort Sill Federal Credit Union - Savings and Checking Account	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	PSE&G	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	
SP	Raymond James IRA	\$15,001 - \$50,000	None	NONE	P
SP	Sun Trust 401K	None	None	NONE	S

SCHEDULE IV - TRANSACTIONS

Name Allen Bernard West

Page 5 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
DC	529 College Investment Fund - DC1	S	No	12-01-10	\$15,001 - \$50,000
SP	Raymond James IRA	P	N/A	02-14-11	\$15,001 - \$50,000
SP	Sun Trust - 401K	S	No	02-14-11	\$15,001 - \$50,000

SCHEDULE V - LIABILITIES

Name Allen Bernard West

Page 6 of 6

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	Bank of America	April 2004	Mortgage on 1641 NW 107th Lane, Plantation, Florida	\$100,001 - \$250,000
JT	Carmax	March 2007	Car Payment	\$10,001 - \$15,000
JT	Wells Fargo	February 2011	Car Payment	\$15,001 - \$50,000

**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

FORM A Page 1 of 3
For use by Members, officers, and employees

HAND DELIVERED

The Honorable Alcee Lamar Hastings
(Full Name)

202-225-1313
(Daytime Telephone)

2011 MAY 11 AM 9:53

MC

Filer Status

☒ Member of the U.S. House of Representatives
State: FL
District: 23

☐ Officer Or Employee
Employing Office:

Report Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

OFFICE (Office Use Only)

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (a.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>Trusts-</p>	<p>Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Exemptions--</p>	<p>Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name The Honorable Alcee Lamar Hastings

Page 2 of 3

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source	Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>Identify (e) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>	<p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
Wright Patman Congressional Federal Credit Union	\$1,001 - \$15,000	INTEREST	\$1 - \$200	

SCHEDULE V - LIABILITIES

Name The Honorable Alcee Lamar Hastings

Page 3 of 3

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	Robert Catz	1981-1985	Legal Fees	\$500,001 - \$1,000,000
	Terrance Anderson	1981-1989	Legal Fees	\$1,000,001 - \$5,000,000
	Patricia Williams	1981-1989	Legal Fees	\$500,001 - \$1,000,000
	Karr and McClain	1983-1989	Legal Fees	\$100,001 - \$250,000
	Mark McDonald	1981-1983	Legal Fees	\$15,001 - \$50,000
	Lewis Meyers	1981-1983	Legal Fees	\$15,001 - \$50,000

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 4
For use by Members, officers, and employees

HAND DELIVERED

Hon. Sandra "Sandy" Adams

202-225-2706

(Full Name)

(Daytime Telephone)

LEGISLATIVE RESOURCE CENTER

2011 MAY 13 PM 1:10 MC
(Office Use Only)

Filer Status

☒ Member of the U.S. House of Representatives

State: FL

District: 24

☐ Officer Or Employee

Employing Office:

Report Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable position on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>Trusts--</p>	<p>Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Exemptions--</p>	<p>Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

SCHEDULE I - EARNED INCOME

Name Hon. Sandra "Sandy" Adams

Page 2 of 4

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse's earned income exceeding \$1,000.

Source	Type	Amount
State of Florida	Salary	\$24,996.62
State of Florida	Spouse Salary	N/A
State of Florida	Retirement Benefit	\$27,452.40

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Hon. Sandra "Sandy" Adams

Page 3 of 4

BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>		<p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
JT	Bank of America	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
JT	Central Fla Educators FCU	\$1 - \$1,000	INTEREST	\$1 - \$200	
JT	Citizens Bank of Oviedo	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	Nationwide- Florida Fixed Fund (Tax Deferred)	None	DIVIDENDS	NONE	
SP	Nationwide- Liquid Savings (Tax Deferred)	None	INTEREST	NONE	
JT	Orlando Federal Credit Union	\$1 - \$1,000	INTEREST	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Hon. Sandra "Sandy" Adams

Page 4 of 4

SP	State of Florida D.R.O.P. (Tax Deferred)	None	INTEREST	NONE	
SP	T. Rowe Price Deferred Comp: Triple Stable Value Fund (Tax Deferred)	None	DIVIDENDS	NONE	

HAND DELIVEREDPage 1 of 9**UNITED STATES HOUSE OF REPRESENTATIVES**
CALENDAR YEAR ²⁰¹⁰~~2009~~ FINANCIAL DISCLOSURE STATEMENT

Form A

For use by Members, officers, and employees

Name: **DAVID RIVERA**

Daytime Telephone: (202) 225-2778

2011 JAN -3 PM 4:36

(Office Use Only)

Filer
StatusMember of the U.S.
House of RepresentativesState: Florida
District: 25☐ Officer or
Employee

Employing Office:

Report
TypeAnnual May 15, 2011
(May 17, 2010)

Amendment



Termination

Termination Date:

**A \$200 penalty shall be assessed
against anyone who files more
than 30 days late.****PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS**

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	N/A Yes <input type="checkbox"/> No <input type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	N/A Yes <input type="checkbox"/> No <input type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Source	Type	Am
--------	------	----

Examples:

Keene State

State of Maryland

Civil War Roundtable (Oct. 2nd)

Ontario County Board of Education

Type

Approved Teaching Fee	
-----------------------	--

Legislative Pension

Spouse Speech

Spouse Salary

Amount

\$6,000

\$9,000

\$1,000

NA

State of Florida, House of Representatives, Tallahassee, Florida

Salary

\$25,035.78

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package.

[illegible]

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

BLOCK A Asset and/or Income Source		BLOCK B Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction		
Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For <i>all IRAs</i> and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on <i>each asset</i> in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.		Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.												Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets <i>including all IRAs</i> , indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.						For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, <i>including all IRAs</i> , indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.											Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.		
		A	B	C	D	E	F	G	H	I	J	K	L																				
		None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	None	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.
SP	Mega Corp. Stock					X								X			X			Royalties					X								S (partial)
OC, Examples:	Simon & Schuster				Indefinite																												
JT	1st Bank of Paducah, KY Accounts					X										X										X							
	Altair	X															X				X												S
	AOL	X															X				X												S
	Bank Atlantic	X															X				X												S
	BFC Financial	X															X				X												S
	Florida Gaming	X															X					X											S
	Mastec	X															X								X								S

Continuation Sheet (if needed)

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SCHEDULE V— LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B \$10,001- \$15,000	C \$15,001- \$50,000	D \$50,001- \$100,000	E \$100,001- \$250,000	F \$250,001- \$500,000	G \$500,001- \$1,000,000	H \$1,000,001- \$5,000,000	I \$5,000,001- \$25,000,000	J \$25,000,001- \$50,000,000	K Over \$50,000,000	
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X							
	Ileana Meding and/or Millennium Marketing, Miami, Florida	Contingent Liability / Loan				X							
	- Repaid in Full in 2010	- Incurred in installments 2007, 2008, 2009, 2010											
	GMAC Mortgage, Waterloo, Iowa	Mortgage on 1484 Bent Willow Dr, Tallahassee, FL				X							
		- Incurred 2005											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. **Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
<i>Example:</i> Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
N/A	N/A	N/A

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

[illegible]

SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
State Legislator	Florida House of Representatives, Tallahassee, Florida

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; continuing participation in an employee welfare or benefit plan maintained by a former employer; or publication of a book.

Date	Parties To	Terms of Agreement
11-02	State of Florida Retirement System	Retirement Plan